|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Resident’s full name: |  | Date of birth: |  | NHS number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Weight:  (For those aged under 16 or where appropriate, for example, older frail residents) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Blood pressure: | / mmHg | HbA1c: | mmol/mol |

|  |  |  |  |
| --- | --- | --- | --- |
| GP details: |  | Other relevant healthcare professional’s details:  (Such as consultant, regular pharmacist,  specialist nurse) |  |

|  |  |
| --- | --- |
| Known allergies/reactions:  (Give details of the type of reaction experienced) |  |

|  |  |
| --- | --- |
| Details of the person completing the form (name and job title) |  |
| Date the form was completed |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details of who else was involved in the medicines reconciliation and / or source of information used | | | | | | | | | | |
| The resident and/or family members or friends | | | | |  | | | | | |
| A pharmacist | | | | |  | | | | | |
| Other health and social care practitioners involved in managing medicines for the resident, as agreed locally | | | | |  | | | | | |
| GP letter or hospital discharge letter | | | | |  | | | | | |
| **Medicines the resident is currently taking:** | | | | | | | | | | | |
| Name of medicine | Strength | Form (tablet, capsule, cream, inhaler etc) | Dose | Frequency (including timing) | | Route of administration | What it is taken for ((indication) if known | Date and time of last dose | Any changes recently? Give details | Other information (monitoring, support required with medicines) | |
|  |  |  |  |  | |  |  |  |  |  | |
|  |  |  |  |  | |  |  |  |  |  | |
|  |  |  |  |  | |  |  |  |  |  | |
|  |  |  |  |  | |  |  |  |  |  | |
|  |  |  |  |  | |  |  |  |  |  | |
|  |  |  |  |  | |  |  |  |  |  | |
|  |  |  |  |  | |  |  |  |  |  | |
|  |  |  |  |  | |  |  |  |  |  | |
|  |  |  |  |  | |  |  |  |  |  | |