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

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

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| --- | --- | --- | --- |
| 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) |
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