**Mid-cycle medication order form for Care Homes**

This form is intended for use by the GP, care home, pharmacy and prescription clerk

This chart is to be used to try and avoid the need for requests of medication mid cycle. It can be used for patients newly prescribed a medication, patients following a hospital discharge and for those new to the care home.

**Care Home: Usual GP and visit day:**

**Date of request: Pharmacy** **Phone Number:**

**Medication Cycle start date at care home:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patient details: Name/date of birth | Prescribed Medication | Dosage | Quantity prescribed (Use guide below) | | For acute course only (Please tick) |
|  |  |  | Initial supply |  |  |
|
| Repeat |  |
|
|  |  |  | Initial supply |  |  |
|
| Repeat |  |
|
|  |  |  | Initial supply |  |  |
|
| Repeat |  |
|
|  |  |  | Initial supply |  |  |
|
| Repeat |  |
|
|  |  |  | Initial supply |  |  |
|
| Repeat |  |
|
|  |  |  | Initial supply |  |  |
|
| Repeat |  |
|

For medication which is required to be started as soon as possible please see table below to indicate how much medication needs to be ordered.

Week 1 Week 2 Week 3 Week 4

28+28 21+28 14+28 7 + 28