**Tayside Community Pharmacy Palliative Care Network**

**Contact Recording Form**

Name of Pharmacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR Pharmacy stamp

Pharmacist’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day/Date/Time** | **Medication name, strength and formulation** | **Priority** | **Who initiated request** | **Activity** | **Time taken** |
| e.g. Mon 21 July at 4.45 pm |  | 1. Urgent (5 – 10 mins)  2. Today  3. Within 24 hours  4. Over 24 hours  5. Other (please  specify) | 1. Patient  2. Carer  3. Health care  professional  4. Other (please  specify) | 1. Supply  2. Advice  3. Choice of therapy  4. Referral  5. Other (please  specify) | 1. 0 – 10 mins  2. 10 – 30 mins  3. 30 mins – 1 hour  4. Over 1 hour  5. Other |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

This form should be submitted (detailing August activity) by 7th September 2022 to Diane Robertson, Community Pharmacy Development Manager, East Day Home, Kings Cross, Clepington Road, Dundee or emailed to [diane.robertson9@nhs.scot](mailto:diane.robertson9@nhs.scot)