

# Pharmacy Communication (SBAR) CP Medicines Reconciliation Post Hospital Discharge



For the attention of:

Organisation:

Information Sent From

Pharmacist / Pharmacy Tech Name:

Contractor Code:

CP Name & Address:

Date SBAR created:

Patient Details

Name:

CHI:

## Situation

## Background

## Assessment

## Recommendation

## SPACE FOR REPLY IF REQUIRED

Action: [Yes] [No] (If yes, outline response. If no, please state the reason)

Authorised by:

**Note to recipient:** reply can be typed or hand-written in the 'space for reply' to be emailed to Community Pharmacy. Alternatively, the reply to the pharmacy can be made separately, e.g. directly via email or phone call.