**Level C Patient Information Form**

(To be completed for all new Level C Patients)

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| **Patient Details:**Name:………………………………...Address:………………………………...………………………………...CHI Number:………………………………...Age:………………………………... | **Care Provider Details:**(*must be completed*)Name of Agency:………………………………...Office Telephone Number:………………………………...Other contact details(e.g. Manager)………………………………...………………………………... | **Initial Chart Produced and supplied by:**This Pharmacy [ ] DGRI [ ] Community Hospital [ ]  |
|  |
| **Complete only if appropriate**Following assessment of need by the Healthcare/Social Care Team, it has been recommended that medication is dispensed on a weekly basis, in normal containers, due to identified risks……………… [ ] Weekly dispensing has been agreed by the patient’s GP…………………………………………………. [ ]  |
| **Medication Issues** identified during medication review |
| **Additional Information for the GP** |
| **Patient’s GP Details:**Name of GP: …………………………………….......................Practice: ……………………………………...…………..Telephone Number:……………………………………... | **Pharmacy Details:** Name of Pharmacy:……………………………………..Address………………………………………………………..…………………………………………………………………….Contractor Code:………………. Tel No:…………………………. |

**FOR RECORDS – 3 COPIES TO BE MADE**

* **1 copy for to be retained in the Community Pharmacy**
* **1 copy to be submitted to the GP for the patient**
* **1 copy to be sent to PCD with monthly returns**