

NHS Greater Glasgow & Clyde

Community Pharmacy Provision of ANTIRETROVIRALS (ARVs or HAART) [CPARVs]

Section 1 – To be completed by Brownlee Clinician then e-mail to:

BrownleePharmacy@ggc.scot.nhs.uk

ALL PATIENTS MUST GIVE VERBAL CONSENT TO INFORMATION REGARDING THEIR HIV Rx BEING SHARED WITH THEIR OPIATE PRESCRIBER, COMMUNITY PHARMACIST AND DRUG WORKER/CARE MANAGER

Patient Name:	
Address:	
Telephone/Mobile:	
CHI Number:	

Treatment Regimen:		Start Date:	
Drug	Dose/Frequency	Supervised Y/N	Continuation or New Start

Consultant:		BBV Nurse:	
Substitute Opiate Prescriber:		Addiction Team:	
Community Pharmacy:		Care Manager:	

Section 2 – To be completed by Community Pharmacy Development Team

Date of notification to pharmacy:

Contractor Code:	
Contact Name(s):	
Telephone Number:	

Enquiry Contact Details

Clinical Enquiries:	Specialist Pharmacy Team (GG HIV Team)*:	0141-211-3383
Other Enquiries:	Community Pharmacy Development Team:	0141-201-6049
E-mail:	GG-UHB.cpdevteam@nhs.net	