

REPEAT DISPENSING PATIENT IDENTIFICATION PRO-FORMA

Instructions for Completion

This pro-forma is for use by community pharmacists to facilitate the identification of patients that may be suitable for participation in the repeat dispensing scheme (see patient inclusion and exclusion criteria below).

Pro-formas should be completed clearly and legibly if handwritten or a label containing the patients details affixed in the space provided. Completed pro-formas should be forwarded to the Practice on a monthly basis.

Inclusion and Exclusion Criteria for Patient Selection

Patient Inclusion Criteria

- registered with a participating GP practice
- has a chronic stable condition with no recent changes to medication

Patient Exclusion Criteria

- not registered with a participating GP practice
- does not want to participate
- unstable medical condition
- takes only 'when required' medicines
- takes Schedule 2 or 3 controlled drugs
- is in nursing or residential care
- is part of the multiple dispensing scheme
- is a patient receiving a dispensing service within a dispensing practice

Pharmacy Stamp

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The following patients may be suitable for inclusion in the Repeat Dispensing Scheme

Patient Details	Pharmacy Label
Name	<i>Attach label</i>
Address	
Phone	
Name	<i>Attach label</i>
Address	
Phone	
Name	<i>Attach label</i>
Address	
Phone	
Name	<i>Attach label</i>
Address	
Phone	
Name	<i>Attach label</i>
Address	
Phone	
Name	<i>Attach label</i>
Address	
Phone	