



Department of  
**Health, Social Services  
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

## **Repeat Dispensing Communication Pro-Forma**





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## **Repeat Dispensing Communication Pro-Forma**

### **Instructions for completion**

These instructions are guidance for the completion of the Repeat Dispensing Communication Pro-forma. The pro-forma is for use by both GPs and community pharmacists to facilitate the transfer of information on patient participating in the repeat dispensing scheme. All pro-formas should be completed clearly and legibly if handwritten, or using word processing where possible. Use one pro-forma per patient.

### **Section 1**

- Each copy must be stamped with either the pharmacy stamp or the practice stamp
- The patient's name, address and DOB must be recorded
- The details of the GP or community pharmacist whose attention the pro-forma is for must be recorded

### **Section 2**

- Tick each box that relates the intervention being reported
- Record any other relevant information that you feel may be useful such as duration in the Additional Information column
- Fax or send the top **white** copy of the completed pro-forma to the patient's GP or community pharmacist
- Retain the remaining two copies until the outcome is known (**Note - It may take some time before a response to the intervention is received**)
- Record if the outcome has been accepted or rejected and any other relevant information that you feel may be useful in the Outcome column
- If the outcome is not known it should be recorded
- Retain the second **yellow** copy and file in the patient's notes
- Forward the third **pink** copy to the Repeat Dispensing Facilitator for evaluation and monitoring purposes





## Repeat Dispensing Communication Pro-Forma

### Section 1 Referral Details

Referral From	Patient Details	Referral To
Pharmacy or Practice Stamp  NB Please stamp each copy	<b>Name</b>	<b>GP/Pharmacist Details</b>
	<b>Address</b>	
	<b>Phone</b>	
	<b>DOB/Age</b>	

### Section 2 Intervention Details

Dear

I am reporting the following, which may require your attention

Details	Tick	Additional Information	Outcome
Compliance problem	<input type="checkbox"/>	<i>Record any additional information that may be relevant e.g. medication details and duration</i>	<input type="checkbox"/> Recommendation accepted
Erratic collection	<input type="checkbox"/>		<i>Please record details</i>
Side-effect of medication	<input type="checkbox"/>		<i>e.g. dose changed</i>
Distressing symptoms	<input type="checkbox"/>		<input type="checkbox"/> Recommendation rejected
Adverse drug reaction	<input type="checkbox"/>		<i>Please record reason if known</i>
Change in dose/dose query	<input type="checkbox"/>		<input type="checkbox"/> Not known
Medication change/added	<input type="checkbox"/>		
Medication discontinued	<input type="checkbox"/>		
Batch issue lost	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<i>e.g. patient suitable for repeat dispensing scheme or patient changed practice and/or pharmacy</i>	

I would be grateful if you would consider the above issues and let me know what action has been taken.

Pharmacist/GP Signature \_\_\_\_\_ Date \_\_\_\_\_

1. Forward the top **white** copy to the patient's GP/Pharmacy
2. Retain the 2nd **yellow** copy file in the patient's notes;
3. Forward the 3rd **pink** copy to the Repeat Dispensing Facilitator for evaluation  
(Repeat Dispensing Facilitator, GP Unit EHSSB, 12-22 Linenhall Street, Belfast BT2 8BS)

