

**Patient Name:**

**Date of Birth:**

**Hospital Number:**

**NHS Number:**

- **Practitioners clerking patients complete this form on admission and file it in the Pharmacy section of the medical record**
- **Practitioners can add information as it becomes available (with signature and date)**
- **Document any changes to medicines on admission with reasons in the comments and changes section of the table**
- **Source of information**
  - ☐ Patient/family/carer
  - ☐ Patient's own medicines
  - ☐ Medicine list produced by patient
  - ☐ Medicine list from GP
  - ☐ Nursing home administration sheet
  - ☐ Community pharmacy
  - ☐ Recent discharge (date.....)
  - ☐ Repeat prescription (date.....)
  - ☐ Other .....

[illegible]

<b>Extra information needed for accurate medicine history:</b>						
<b>Medicine issues e.g. poor compliance, blisterpack, recent acute medicines:</b>						
	<b>Sign name</b>	<b>Print name</b>	<b>Designation</b>	<b>Date</b>	<b>Time</b>	<b>Contact</b>
Medicine history initiated:						
Medicines history checked by:						
Medicines reconciliation verified:			Pharmacist			

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[illegible]

	Sign name	Print name	Designation	Date	Time	Contact
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