

Community pharmacy referral form

Date	
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To (GP practice name)	
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Patient's name	
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Patient's address	
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Patient's DOB		NHS number (where known)	
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This patient has been identified as having been prescribed more than 6 short-acting bronchodilator inhalers without any corticosteroid inhaler within a 6-month period. The patient has agreed that you may be notified of this, as there may be a need for their therapy to be reviewed.

Additional comments (e.g. actions taken following intervention such as inhaler technique check and/or Medicines Use Review)

Pharmacy name	
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Address	
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Telephone	
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