

NHS New Medicine Service

Follow Up Worksheet



Patient:		DOB:		Consultation: <input type="checkbox"/> in pharmacy <input type="checkbox"/> by telephone
Pharmacist:		Date:		
Medicine:		Dosage:		

Follow up questions	Consultation notes
1. How have you been getting on with your new medicine since we last spoke? (Prompt: are you still taking it?)	
2. Last time we spoke, you mentioned a few issues you'd been having with your new medicine. Shall we go through each of these and see how you're getting on?	
3. A) The first issue you mentioned was [<i>refer to specific issue</i>] - is that correct? B) Did you try [<i>the advice / solution recommended at the previous contact</i>] to help with this issue?	
4. Did you try anything else?	
5. Did this help? (Prompt: how did it help?)	
6. Is this still a problem or concern?	
Repeat Questions 3-6 for each issue that the patient discussed at the Intervention stage	
7. Have there been any other problems / concerns with your new medicine since we last spoke?	
8. People often miss taking doses of their medicines, for a wide range of reasons. Since we last spoke, have you missed any doses of your new medicine, or changed when you take it? (Prompt: when did you last miss a dose?)	

After the consultation use the following sections to code your discussion with the patient

Matters identified with patient

Patient reports:

- | | |
|---|---|
| <input type="checkbox"/> Using the medicine as prescribed | <input type="checkbox"/> Not using the medicine as prescribed |
| <input type="checkbox"/> Not having started using the medicine | <input type="checkbox"/> Prescriber has stopped the new medicine |
| <input type="checkbox"/> Not using the medicine in line with the directions of the prescriber | <input type="checkbox"/> Missing a dose in the past 7 days |
| <input type="checkbox"/> Need for more information about the medicine | <input type="checkbox"/> Side effects |
| <input type="checkbox"/> Negative feelings about the medicine | <input type="checkbox"/> Uncertainty on whether the medicine is working |
| <input type="checkbox"/> Concern about remembering to take the medicine | <input type="checkbox"/> Difficulty using the medicine due to its pharmaceutical form/formulation |
| <input type="checkbox"/> Other (record detail in 'Other notes' overleaf) | |

Outcomes of the discussion with the patient

Advice provided:

- Reminder strategies to support use of medicine Change to timing of doses to support adherence
 How to manage or minimise side effects

Information provided:

- Interactions with other medicines Why am I using the medicine / what is it for How to use the medicine
 Correct dose of the medicine Effects of the medicine on the body / how it works Why should I take the medicine
 Timing of the dose Interpretation of side effect information

Agreed patient actions:

- Carry on using medicine as prescribed Use medicine as agreed during the intervention
 Submit Yellow Card report to MHRA Other (record detail in 'Other notes')

Actions taken by pharmacist:

- Referral (record details below) Yellow card report submitted to MHRA
 Reminder chart / MAR chart provided Other (record detail in 'Other notes')

Referral reasons

- Drug interaction(s) Potential side effect(s) / ADR preventing use of medicine

Patient reports:

- Not using medicine any more Never having started using medicine
 Difficulty using the medicine - issue with device Difficulty using the medicine - issue with formulation
 Lack of efficacy Problem with dosage regimen
 Unresolved concern about the use of the medicine Other issue (detail below)

Further information / comments / possible action regarding referral:

Other notes

Healthy living advice

- Diet & nutrition Smoking Physical activity
 Alcohol Sexual health Weight management