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| **Community pharmacy referral form** | **Date** |       |

| **To (GP practice name)** |       |
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| **Patient’s name** |       |
| **Patient’s address** |       |
| **Patient’s DOB** |       | **NHS number** (where known) |       |
| 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)      |

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| **Pharmacy name** |       |
| **Address** |       |
|  **Telephone** |       |

**CONFIDENTIAL**