

Pharmacy Master Record Form

Date of Birth:

Gender: **Male/Female/Undetermined**

Name:

Photo

Name & Address

Signature:

Notes

Is the individual a parent, living in a household with a child or whether children regularly visit the household? **Yes/No** (*If yes Signpost to prescriber for safer storage box*)

Prescriber Details – please indicate:

Substance Misuse Service - Fitzwilliam Centre
Primary Care Addiction Service Sheffield (PCASS) – Guernsey House
GP/Shared Care. Enter GP/Surgery Details:

Changes in Medication, Dose & Missed collections Note of Intensive Observations

Date	Medication	Strength	Notes

More/continue overleaf

Use PharmaBase to record date of collection, medicine, record of missed collections **for supervised doses only**.
Daily record of missed collection sheet should be used in conjunction with PharmaBase
Retain observations reported to prescribing services in the patient file

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