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| **Patient name:** | |  | | | **DOB:** |  | | | | | | | The mandatory MUR dataset also requires you to record the patient’s address, gender, NHS number (where available), ethnicity and registered GP practice. This data can be recorded in the patient’s PMR. | |
| **Pharmacist name:** | |  | | | **Date:** |  | | | | | | |
| **Suggested questions** | | | **Medicines not listed on the patient’s PMR** | | | | | | | **Dosage** | | **Notes** | | |
| **1.** How are you getting on with your medicines?  **2.** How do you take or use each of these medicines?  **3.** Are you having any problems with your medicines, or concerns about taking or using them? | | |  | | | | | | |  | |  | | |
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| **Consultation notes** | | | | | | | | | | | |
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| **Group Q4 & Q5 by therapeutic areas**  **4.** Do you think they are working? *Prompt: is this different from what you were expecting?*  **5.** Do you think you are getting any side effects or unexpected effects? | | |
| **6.** People often miss taking doses of their medicines, for a wide range of reasons. Have you missed any doses of your medicine, or changed when you take it?  *Prompt: when did you last miss a dose?*  **7.** Do you have anything else you would like to know about your medicines or is there anything you would like me to go over again? *Prompt: Are you happy with the information you have on your medicines?* | | |
| **Target group:** | Anticoagulant  Antiplatelet  NSAID  Diuretic  Post-discharge  Not in a target group | | | | | | | | | | | | | |
| **Total number of medicines being used by patient:** | | | | Prescribed | | |  | | | | OTC & complementary therapies | | |  |
| **Matters identified during the MUR: or**  **No matters identified during the MUR** | | | | | | | | | | | | | | |
| Patient not using a medicine as prescribed (non-adherence) | | | | | | | | Problem with pharmaceutical form of a medicine or use of a device | | | | | | |
| Patient reports need for more information about a medicine or condition | | | | | | | | Patient reports side effects or other concern about a medicine | | | | | | |
| Other matter and / or notes on above | | | | | | | | | | | | | | |
| **Action taken / to be taken by pharmacist:** | | | | | | | | | | | | | | |
| Information /advice provided  Yellow card report submitted to MHRA  Patient referred to GP or other healthcare professional | | | | | | | | | | | | | | |
| Other action and / or notes on above | | | | | | | | | | | | | | |
| **Post-MUR the pharmacist believes there will be an improvement in the patient’s adherence as a result of the following:** (Where appropriate more than one may apply) | | | | | | | | | | | | | | |
| Better understanding/reinforcement of why they are using the medicine/what it is for | | | | | | | | | Better understanding/reinforcement of side effects and how to manage them | | | | | |
| Better understanding/reinforcement of when/how to take the medicines | | | | | | | | | Better understanding/reinforcement of the condition being treated | | | | | |
| **Healthy living advice provided:** (More than one may apply) **or  Healthy living advice not applicable** | | | | | | | | | | | | | | |
| Diet & nutrition  Smoking  Physical activity  Alcohol  Sexual health  Weight management | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | |
| **Other notes:** | | | | | | | | | | | | | | |
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