

# NMS – Patient Record Form

<b>A) Date of entry to NMS:</b>	
<b>Method of entry to NMS:</b>	<b>Please tick one</b>
a) Referred by prescriber	<input type="checkbox"/>
b) Patient identified in the pharmacy	<input type="checkbox"/>

## B) Patient details

Name:		Date of Birth:	
Address:		Gender:	Male / female
		Ethnicity:	
		NHS Number:(where available)	

## C) Registered GP practice:

GP name (optional):

D) Condition / therapy area(s) of new medicine	Select	E) Name(s) of new medicine(s) – please list
1) Asthma / COPD		
2) Diabetes (Type 2)		
3) Antiplatelet / Anticoagulant therapy		
4) Hypertension		

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F) Progress record of NMS for this patient	Initial intervention	Follow up
<b>Date</b>		
<b>Method</b>	<b>Please tick one</b>	
Face to face in the pharmacy		
Telephone		

G) Healthy living advice provided at each stage	Engagement (tick as appropriate)	Initial intervention (tick as appropriate)	Follow-up (tick as appropriate)
a) Smoking			
b) Diet and nutrition			
c) Physical activity			
d) Alcohol			
e) Sexual health			
f) Weight management			

H) Reason why patient did not participate in the stages:	Initial intervention	Follow-up
a) Prescriber stopped new medicine		
b) Patient has withdrawn consent for information sharing		
c) Patient has withdrawn consent to receive the NMS		
d) Patient could not be contacted		
e) Other (Please specify)		

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The data below must be recorded for each new medicine that the patient has been prescribed

New medicine:	Date	Date
<b>l) Matters identified during the discussion</b>	<b>Initial intervention</b>	<b>Follow-up</b>
<b>Patient reports.....</b>		
a) using the medicine as prescribed		
b) not using the medicine as prescribed		
i. has not started using the medicines		
ii. is not using the medicine in line with the directions of the prescriber		
iii. patient reports missing a dose in the last 7 days		
c) need for more information about the medicine		
d) experiencing side-effects		
e) negative feeling – <i>provide further details in text box below</i>		
f) uncertainty on whether medicine is working		
g) concern about remembering to take the medicine		
h) other – free text		
<b>j) Record data about outcome of the discussion with the patient</b>		
<b>a) Action taken / to be taken by pharmacist</b>		
<b>Information provided:</b>	<b>Initial intervention</b>	<b>Follow-up</b>
i. interactions with other medicines		
ii. why am I using the medicine / what is it for		
iii. how to use the medicine		
iv. correct dose of the medicine		
v. effects of the medicine on the body / how it works		
vi. why should I take the medicine		
vii. timing of the dose		
viii. interpretation of side effect information		

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Advice provided:	Initial intervention	Follow-up
ix. reminder strategies to support use of medicine		
x. change to timing of doses to support adherence		
xi. how to manage or minimise side effects		
xii. Yellow card report submitted to MHRA		
xiii. reminder chart / MAR chart provided		
xiv. <b>Referral:</b> patient raised issues about new medicine to be considered by prescriber - select reason(s) for referral:	<b>Initial intervention</b>	<b>Follow-up</b>
1) drug interaction(s)		
2) potential side effect(s) / adverse drug reaction preventing use of medicine		
3) patient reports not using the medicine any more		
4) patient reports never having started the medicine		
5) patient reports difficulty using the medicine		
a) issue with device		
b) issue with formulation		
6) patient reports lack of efficacy		
7) patient reports problem with dosage regimen		
8) patient reports unresolved concern about the use of the medicine		
9) other – free text		
xv. Other action for pharmacist – free text		
b) Action for PATIENT to take	Initial intervention	Follow-up
i. Carry on using the medicine as prescribed		
ii. Use medicine as agreed during the initial intervention / follow-up		
iii. Yellow card report submitted to MHRA		
iv. Other action – free text		