

NMS – Patient record form



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

B) Patient details

Name:		Date of Birth:
Address:		Gender: Male / female <i>(delete as appropriate)</i>
		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
Date		
Method	Please tick one	
Face to face in the pharmacy		
Telephone		

G) Healthy living advice provided at each stage	Engagement <i>(tick as appropriate)</i>	Initial intervention <i>(tick as appropriate)</i>	Follow-up <i>(tick as appropriate)</i>
a) Diet and nutrition			
b) Smoking			
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b) Patient has withdrawn consent for information sharing		
c) Patient has withdrawn consent to receive the service		
d) Patient could not be contacted		
e) Other (Please specify)		

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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. Referral: patient raised issues about new medicine to be considered by prescriber - select reason(s) for referral:	Initial intervention	Follow-up
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. Submit yellow card report to MHRA		
iv. Other action – free text		