

Summary

Service Adjustment Review for

Risk Areas	Assessed Risk Level			Possible Solution
	High	Med	Low	
Coping Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Getting Medicine out of Containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swallowing or Using Medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Following Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intentional Non-Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sensory Problems (e.g. Sight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Problems (e.g. Tremor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carer's Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Adjustments to Service Required

Other Interventions Required

	Yes	No	Completed By	Date
Action Plan Agreed with Patient	<input type="checkbox"/>	<input type="checkbox"/>		
Carer Informed	<input type="checkbox"/>	<input type="checkbox"/>		
GP Informed – no intervention required	<input type="checkbox"/>	<input type="checkbox"/>		
GP Informed – an intervention is required	<input type="checkbox"/>	<input type="checkbox"/>		
Further Referral	<input type="checkbox"/>	<input type="checkbox"/>		

Pharmacists Name

RPSGB No

Signature

Date

Note: The Community Pharmacist takes responsibility for the assessment made

Suggested Next Review Date

Assessment form developed from a NatPaCT original by Hampshire and Isle of Wight LPC

Assessment for Appropriate Adjustments of Service under the DDA

Section 1: About the Person

Date of Assessment

Person's Name

Date of Birth

Address

Tel No

Preferred Language

GP's Name & Address

Section 2: Current Care

Carer Present? Yes No Name & Position

No of Regular Carers

Paid

Unpaid

Visit	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Midday							
Evening							

Who to Contact? GP Carer Other

Contact Details

Section 3: Current Medication

Date of Last Medicines Use Review

Number of Dose/Medication Alterations in last 3 months (from PMR)

Evidence of Non-Compliance in PMR?

Current Pharmacy Services Provided

Section 4: Medicine Containers

Container Type (consider both opening & closing)	Problem area?		Notes
	Yes	No	
Boxes	<input type="checkbox"/>	<input type="checkbox"/>	
Blister Packs	<input type="checkbox"/>	<input type="checkbox"/>	
Tablet or Capsule Bottles	<input type="checkbox"/>	<input type="checkbox"/>	
Screw Lids	<input type="checkbox"/>	<input type="checkbox"/>	
CRC Lids	<input type="checkbox"/>	<input type="checkbox"/>	
Winged Lids	<input type="checkbox"/>	<input type="checkbox"/>	
Liquid Bottles	<input type="checkbox"/>	<input type="checkbox"/>	
Squeezable Tubes	<input type="checkbox"/>	<input type="checkbox"/>	
Purchased Compliance Aid	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmacy Supplied MDS	<input type="checkbox"/>	<input type="checkbox"/>	

Summary of Agreed Action Plan

Section 5: Taking and Using Medicines

Medication Type	Problem area?		Notes
	Yes	No	
Non-Soluble Tablets	<input type="checkbox"/>	<input type="checkbox"/>	
Soluble Tablets	<input type="checkbox"/>	<input type="checkbox"/>	
Chewed or Crushed Tablets	<input type="checkbox"/>	<input type="checkbox"/>	
Capsules or Caplets	<input type="checkbox"/>	<input type="checkbox"/>	
5ml spoons and Liquids	<input type="checkbox"/>	<input type="checkbox"/>	
Measuring Cups and Liquids	<input type="checkbox"/>	<input type="checkbox"/>	
Oral Syringes and Liquids	<input type="checkbox"/>	<input type="checkbox"/>	
Creams and Ointments	<input type="checkbox"/>	<input type="checkbox"/>	
Inhalers and Spacers	<input type="checkbox"/>	<input type="checkbox"/>	
Eye/Ear/Nose Drops	<input type="checkbox"/>	<input type="checkbox"/>	
Suppositories and Pessaries	<input type="checkbox"/>	<input type="checkbox"/>	
Others	<input type="checkbox"/>	<input type="checkbox"/>	

Summary of Agreed Action Plan

Section 5: Instructions With Medicines

	Problem area?		Notes
	Yes	No	
Reading Instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding Instructions	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding of Chart	<input type="checkbox"/>	<input type="checkbox"/>	
Generally Forgetful	<input type="checkbox"/>	<input type="checkbox"/>	
Number of Prescribed Items	<input type="checkbox"/>	<input type="checkbox"/>	
Number of PRN Items	<input type="checkbox"/>	<input type="checkbox"/>	
Alternative Medicines	<input type="checkbox"/>	<input type="checkbox"/>	
Similar in Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Variation in Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding of Reason	<input type="checkbox"/>	<input type="checkbox"/>	
Suppositories and Pessaries	<input type="checkbox"/>	<input type="checkbox"/>	
Others	<input type="checkbox"/>	<input type="checkbox"/>	

Summary of Agreed Action Plan

Section 5: Helping to Cope and Routines

	Currently Using	Could be Useful	Person Thinks Unlikely to Help
Simple Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tick Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAR Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchased Compliance Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid Carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/Friend Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy Supplied MDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Agreed Action Plan

Section 6: Further Notes