### **Appendix L Template CMP 2 (blank), for teams where the SP does not have co-terminus access to the medical record**

|  |  |
| --- | --- |
| NAME OF PATIENT:  | PATIENT MEDICATION SENSITIVITIES/ALLERGIES:  |
| PATIENT IDENTIFICATION E.G. ID NUMBER, DATE OF BIRTH:  |
| CURRENT MEDICATION:  | MEDICAL HISTORY:  |
| INDEPENDENT PRESCRIBER(S): CONTACT DETAILS: [TEL/EMAIL/ADDRESS]  | SUPPLEMENTARY PRESCRIBER(S): CONTACT DETAILS: [TEL/EMAIL/ADDRESS]  |
| CONDITION(S) TO BE TREATED:  | AIM OF TREATMENT:  |
| MEDICINES THAT MY BE PRESCRIBED BY SP:  |
| PREPARATION  | INDICATION  | DOSE SCHEDULE  | SPECIFIC INDICATIONS FOR REFERRAL BACK TO THE IP  |
| GUIDELINES OR PROTOCOLS SUPPORTING CLINICAL MANAGEMENT PLAN:  |
| FREQUENCY OF REVIEW AND MONITORING BY:  |
| SUPPLEMENTARY PRESCRIBER  | SUPPLEMENTARY PRESCRIBER AND INDEPENDENT PRESCRIBER  |
| PROCESS FOR REPORTING ADRS:  |
| SHARED RECORD TO BE USED BY IP AND SP:  |
| AGREED BY INDEPENDENT PRESCRIBER(S):  | DATE  | AGREED BY SUPPLEMENTARY PRESCRIBER(S):  | DATE  | DATE AGREED WITH PATIENT/CARER  |