### **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 |