

**MANCHESTER PILLS AND SPILLS PROJECT**

**Referral for domiciliary medication review**

Person needing further pharmaceutical input with **2** or more of the following risk factors (**please tick**)

- |                                                                               |                                                      |
|-------------------------------------------------------------------------------|------------------------------------------------------|
| Communication difficulties                                                    | Living alone                                         |
| Needs help taking medicines                                                   | Numerous medication changes whilst in hospital       |
| Previous fall                                                                 | Mental health problems                               |
| Confusion / problems with medicines                                           | Housebound                                           |
| Physical disability                                                           | Signs of non-compliance (e.g. hoarding, forgetting ) |
| Suffering side effects                                                        | Taking medicine(s) known to increase risk of falls   |
| Receiving medicines from >1 source (including bought, herbal and homeopathic) |                                                      |

**Name, Profession & Contact details of person making referral (MUST be completed)**

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**Patient Name:** ..... **DOB:**.....

Patient's address.....

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Patient's telephone number:..... Patient's GP practice: .....

**Consent for referral obtained from patient? Yes/ No**

Details of referral: (continue on separate piece of paper if necessary)

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Medications patient taking: (continue on separate piece of paper if necessary)

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\*\*\*Urgent referral / Non-urgent referral (please delete)\*\*\*  
\*\* South / Central/ North Manchester PCT (please delete) \*\*

**Please fax to: Pills and Spills Team on 0161 217 4419 .**