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GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

PRESCRIBING COMMUNICATION FORM

Please complete this form if you experience any problems with prescribing across the interface in Cwm Taf Morgannwg University Health Board (UHB). Please complete a separate form for each drug.

Patients Name:		Hospital:	
Date of Birth:		Hospital number:	
GP Name:		Consultant Name:	
GP Practice Name and Address:		Prescribing Doctor Name:	

Name of Drug		
Dose and Frequency		☐ No dose indicated ☐ No frequency
Indication		☐ No indication given
Duration of Treatment		☐ No duration given

I am declining to take over the responsibility for prescribing due to the following reasons:
(Please tick one or more of the following reasons)

☐ Drug not in the Cwm Taf Morgannwg UHB formulary. (Hospital doctors are asked not to request that GPs initiate treatment with a non-formulary drug unless previously agreed.)

☐ Drug not in the Cwm Taf Morgannwg UHB formulary for this particular indication

☐ Hospital only drug

☐ Hospital clinical trial drug

☐ Unlicensed drug

☐ Unlicensed indication

☐ Unlicensed dose

☐ Drug is shared care but documentation not completed

☐ The drug is on the list of drugs not suitable for prescribing

☐ Patient not stabilised on drug

☐ Insufficient prescribing information available. Please state information needed:
……....

☐ Other (please give details below)

Please note that any clinical reasons not to prescribe requires additional communication to the consultant e.g. telephone, letter, email or fax.

General comments / Other reasons Please state:

Name: _____ Signature:_____ Date: _____

Please send:
- **One copy to the hospital consultant**
- **Second copy to the Team Leader Medicines Governance and Medicines Management Practice Unit (MMPU), Royal Glamorgan Hospital via NHS email account to: CTT_MMPU@wales.nhs.uk for monitoring purposes only.**