Community Pharmacy Medicines Use Review Service - MUR Clinical Record
CONFIDENTIAL

Patient ID No.	Sheet of

To the GP:

This patient recently received a Medicines Use Review (MUR) which identified the issues outlined below. Please consider the proposed recommendations.

Patient details

Title:	*First Name:*	*Surname:*	
H+C Number:	*Tel:*	*Date of Birth:*	
Address:			
Name of other people present		*Written consent for MUR obtained:* Yes ☐ No ☐	
Review type: MUR ☐ Follow-up MUR ☐	*Review identified or requested by:* Pharmacist ☐ Patient ☐ Other:		
Review carried out face –to-face with patient? Yes ☐ No ☐ If no, please state reason:			

GP details

GP Name:	
Practice Name:	
Address:	
Date of review:	
Review carried out in the pharmacy? Yes ☐ No ☐ If no, please state reason and provide details of location	

Action plan

Issue	Recommendation

Pharmacy details

Pharmacist Name:	*Pharmacist registration no.:*	*Pharmacy Name:*	*Pharmacy Contractor No.:*	*Email address:*
Address:			*Tel. No.*	

Communication page

This review is based on information available to the Pharmacist held on the pharmacy Patient Medication Record system and from information provided by the patient

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	Current Medicines (including over the counter & complementary therapies)	Does the patient use the medicine as prescribed?	Does the patient know why they are using the medicine?	More info provided on use of medicine	Is the formulation appropriate?	Are side effects reported by the patient?	General comments relating to advice, side effects and other issues
1	***Name/Dosage form/Strength:*** ***Dose:***	☐ Yes If no, specify:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
2	***Name/Dosage form/Strength:*** ***Dose:***	☐ Yes If no, specify:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
3	***Name/Dosage form/Strength:*** ***Dose:***	☐ Yes If no, specify:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
4	***Name/Dosage form/Strength:*** ***Dose:***	☐ Yes If no, specify:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
5	***Name/Dosage form/Strength:*** ***Dose:***	☐ Yes If no, specify:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
6	***Name/Dosage form/Strength:*** ***Dose:***	☐ Yes If no, specify:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	

Consultation record This review is based on information available to the Pharmacist held on the pharmacy Patient Medication Record system and from information provided by the patient

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Target group:	☐ Respiratory	☐ Diabetes			
Total number of medicines being used by patient:	**Prescribed**		**OTC & complementary therapies**		
Matters identified during the MUR:		**or**	☐ No matters identified during the MUR		
☐ Patient not using a medicine as prescribed (non-adherence)			☐ Problem with pharmaceutical form of a medicine or use of a device		
☐ Patient reports need for more information about a medicine or condition			☐ Patient reports side effects or other concern about a medicine		
☐ Other matter and / or notes on above					

Action taken / to be taken by pharmacist: (Where appropriate more than one may apply)

☐ Information /advice provided ☐ Yellow card report submitted to MHRA ☐ Patient referred to GP or other healthcare professional

☐ Follow-up MUR consultation arranged (please include rationale for follow-up MUR in space below)

☐ Other action and / or notes on above

Post-MUR the pharmacist believes there will be an improvement in the patient's adherence as a result of the following: (Where appropriate more than one may apply)

☐ Better understanding/reinforcement of why they are using the medicine/what it is for	☐ Better understanding/reinforcement of side effects and how to manage them
☐ Better understanding/reinforcement of when/how to take the medicines	☐ Better understanding/reinforcement of the condition being treated

Healthy living advice provided: (More than one may apply)

☐ Diet & nutrition	☐ Smoking	☐ Physical activity	☐ Alcohol	☐ Sexual health	☐ Weight management

☐ Other:	**or** ☐ Healthy living advice not applicable

Follow-up MUR: summary of action taken

Summary page This review is based on information available to the Pharmacist held on the pharmacy Patient Medication Record system and from information provided by the patient