**GP SURGERY TO CARE HOME: MEDICATION CHANGE FORM**

**To:**

Care home details

**From:**

Enter surgery name, address and fax no

**Patient name: DOB:**

**Requesting GP:**

**Change made:** Details of all medication started, stopped, doses altered

Reason for change:

Action immediately Action at next medication ordering cycle

**Completed by: Date:**

**Actions**

GP surgery- inform care home of change and fax form

Care home - update MAR chart with changes as necessary

**If to action immediately** - GP surgery must inform pharmacy to expect prescription and care home must follow up by contacting pharmacy to dispense prescription.