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Medication Synchronisation Form

Name	Full Name
Address	Home Full Address (stacked)
Date of Birth	Date of Birth

Name of Medication	How many do you take per day	Number at home	Clinician to issue: (Surgery use only)
	3		
	3		
	3		8
	8		

Please note we will only be able to synchronise medications you take regularly and not those you take as you require i.e. pain killers.

Office use only

Date form reviewed	
Medication Review due	



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The aim is to order all the medication you have on repeat at the same time rather than irregular times throughout the month. This will save time for you, your doctor and your pharmacist. Medication is less likely to be wasted and you are more likely to remember to take it.

It may not be the appropriate time to synchronise your medication if a Clinician (for example your GP, Clinical Pharmacist or Nurse Practitioner) is adjusting your medication or starting you on a new medication. You may be prescribed smaller amounts of something and it is best to wait for your regime to become stable before synchronise your medications.

Please do not request medication if you do not need it. If your Pharmacy orders for your, please ask them to check with you before they order.

Office use only

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