

Stroke Pharmaceutical Care Plan (for GP + Community Pharmacist)

PATIENT DETAILS		Admission Date	Discharge Date				
Surname		Registered GP		Community Pharmacy			
Forename		Name	Name				
Address		Surgery address		Pharmacy address			
DOB		Tel	Tel				
CHI		nhs e-mail	nhs e-mail				
Tel		Patient lives alone <input type="checkbox"/> others <input type="checkbox"/>	Consultant				
Acute Hospital		Rehabilitation Unit					
Referring pharmacist		Patient has carer <input type="checkbox"/> Helps with medicines <input type="checkbox"/>					
Name		Name					
Tel		Contact number					
email		Method of collecting prescription from pharmacy					
Type of stroke		Relevant medical history					
TIA	<input type="checkbox"/>	Date	Problem description	Date			
ischaemic	<input type="checkbox"/>						
haemorrhagic	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
Known drug allergies / adverse drug reactions							
Current medication							
Medicine (including form)	Strength	Dose	Frequency	Indication	Duration	New (✓)	Comments
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
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						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
Medicines that have stopped	Reason for stopping				Medicines that are not prescribed eg herbal medicines		

