

DISPENSING REVIEW OF USE OF MEDICATION (DRUM)

Patient Name:

Date of Review:

READ Coded:

DOB:

Reviewer :

	YES	If NO- explain	For reviewer: Problems identified and sorted
Concordance : Do you understand the purpose of each of your medications?			
Compliance : Are you able to take your medication as directed on the labels?			
Efficacy : Are your medicines effective in controlling your symptoms?			

	NO	If YES- explain	
Side Effects : Have you experienced any side effects which may be attributable to your medication?			
Using your medicines : Do you have any problems which, if addressed, would assist you in taking your medication?			
Reduce Wastage : Have you stopped taking any medications and can these be removed from your Repeat List?			

Please return all unwanted and unused medication to the dispensary and ensure you do not re-order these medications

The Doctors would rather know if you were not taking the medication, and understand the desire for most patients to be on as little medication as possible

Clinical Team: Please hand to Reception for scanning if no issues identified

**ADMIN: Please Read Code with the following code:
Dispensing review of use of medicines (279681000000105) or XaMhk**

