



Telford & Wrekin
COUNCIL

Referral

Consideration for Automated Pill Dispenser

The completed referral must be sent to:

Pharmaceutical Adviser	Hitesh Patel
Fax	01952 580303
email	hitesh.patel15@nhs.net
Telephone	01952 580435

NOTE:

Adult Social Service staff must send referral via SCS Secure email.

Details of the Referrer	
Date of Referral	
Name	
Department	
Contact Number (s)	
Email address:	

Client Details	
Name:	
Address:	
Telephone number:	
Date of birth:	
Client Ref No:	
Next of Kin Name:	
Next of Kin Address:	

Next of Kin Telephone numbers:	Home: Mobile: Work:
GP Name:	
GP Surgery Address:	
GP Telephone number:	
Pharmacy Name:	
Pharmacy Address:	
Pharmacy Telephone number:	
Is the client able to visit the pharmacy in person for a medicine's usage review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons for Referral	
Please provide brief details of the problems the service user is having taking their medication (e.g. forgetfulness, poor vision or dexterity etc.)	
What practical problems does this cause the service user and their family?	
Has the service user needed a health intervention as a result of their medication problems in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state the number and type of intervention(s) and admittance to hospital (e.g. GP home visit, A&E visit, emergency ambulance callout).	

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Is the service user currently being supported by Adult Social Service with medication management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please state the type of intervention (e.g. formal care calls)

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If the automated dispenser is not suitable, what other service(s) will be provided?
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Please provide contact details of any individual who will support the client in terms of collecting or receiving trays from the pharmacy and changing over trays in the dispenser.

Name:	
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Address:	
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Telephone numbers:	Home: Mobile: Work:
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Support available:	Dropping off empty dispenser / Collecting filled dispenser from pharmacy	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	Receiving filled dispenser from pharmacy & handing over empty dispenser	<input type="checkbox"/> Yes <input type="checkbox"/> No
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