| South East Wales Shared Lives Scheme – Medication Record To be completed in every case  Name: |  |                          |           |  |                          |                                      |                |              |                                |
|---|--|--------------------------|-----------|--|--------------------------|--------------------------------------|----------------|--------------|--------------------------------|
|   |  |                          |           |  | Medication (other names) | When to take<br>Am/lunch/eve/bedtime | Why Prescribed | Special Inst | ructions/Date Commenced/Ceased |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  | A al aliti a sa a l lsaf | <b>4:</b> |  |                          |                                      |                |              |                                |
|   |  | Additional Informa       | tion      |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |
|   |  |                          |           |  |                          |                                      |                |              |                                |

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Reviewer: Scheme Registered Manager