Armada Family Practice

Partners: Dr I da Costa. Dr K Jones, Mrs J Welch

Whitchurch Health Centre
Armada Road
Whitchurch
Bristol BS14 0SU
Tel. 01275 832285
Fax. 01275 540035

MEDICATION REVIEW

Date……

Patient Name……

Number of medications taken daily ……

……

Please tick as appropriate YES OR NO

	YES	NO	COMMENT
Do you take all your medications regularly and as prescribed?			
Are there any you miss out or forget to take?			
Are you able to take your medications in the form they are prescribed?			
Do you have any side effects from your medications?			
Do you think you are taking medications which you don't need?			
Do you take any other medications, such as those bought in a supermarket or chemist?			
Do you have any concerns about your medications? If so would you like to discuss this further?			

	YES	NO
Are you happy to continue with your current Medications regime?		

Please Sign Here:……