****

**MAR SCHEME REFERRAL**

**Referral to Community Pharmacist for provision of Medication Administration Record (MAR) Charts for Patients receiving Domiciliary Care in NPT & Swansea Localities.**

|  |
| --- |
| **Individual’s Details** |
| Name:Address: D.O.B.: | Additional Information/Special Requirements:   |
| **Contacts** |
| Care Provider/agency: Tel: | Times of care calls:     |
| GP Name & address: Tel:  | Community Pharmacy (Chemist)(NB. Must be a participating in the ABMU MAR scheme.)Tel:   |
| Is a locked box to be used to store the service user’s medicines?  | Family/Care worker to collect or pharmacy to deliver?  |
| Date MAR to start:  | Is the Individual taking Warfarin?  Yes/No***\*\*If yes, please inform Medicines Management Team\*\* asap*** (Contact details overleaf)  |
| **Referred By:** |
| Name & Designation: Tel:  | Date:Signature:  |
| *NB: Patient/patient representative has consented to the domiciliary care plan, including arrangements for medication assistance and sharing of relevant information.* |

**Send to the Individual’s preferred Community Pharmacist (or hospital Pharmacy if individual is an inpatient at time of referral) and additional copy to the relevant Community Medicines Management Team-** *see details overleaf*

|  |
| --- |
| **Community Medicines Management Teams** |
| **Neath Port Talbot Locality** |
| Address:C/O CRTCimla HospitalCimlaNeath SA11 3SU | Tel: 01639 862788Email: SBU.medsmanagementdomiciliarycare@wales.nhs.uk |
| **Swansea Locality** |
| Address:12 FloorOldway Centre36 Orchard StreetSwanseaSA1 5AQ | Tel: 01792 517978Email: abm.crtmedsmanagementteam@wales.nhs.uk |