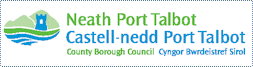
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**MAR SCHEME REFERRAL**

**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 CRT  Cimla Hospital  Cimla  Neath  SA11 3SU | Tel: 01639 862788  Email: SBU.medsmanagementdomiciliarycare@wales.nhs.uk |
| **Swansea Locality** | |
| Address:  12 Floor  Oldway Centre  36 Orchard Street  Swansea  SA1 5AQ | Tel: 01792 517978  Email: [abm.crtmedsmanagementteam@wales.nhs.uk](mailto:abm.crtmedsmanagementteam@wales.nhs.uk) |