|  |  |  |  |
| --- | --- | --- | --- |
| **To *(GP practice name)*** |  | **Date** |  |

We have spoken to the following patient about their health and have collated the following information which you may find useful. The patient’s usual GP is: …………………………………………………….

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient’s name** |  | | |
| **Address** |  | | |
| **Date of Birth** |  | **NHS Number** |  |
| **Relevant Medication** |  |  |  |
|  |  |  |
| **Smoking Status**   * **Non-smoker** * **Current Smoker** * **Smoker referred *to Stop***   ***Smoking Service*** |  | | |
| **Alcohol Audit C results (0-12)** |  | | |
| **BP *(if measured)*** |  | **BMI *(if measured)*** |  |
| **Healthy Lifestyle Advice: topics discussed** |  |  |  |
| **Services signposted to** *(in house or external)* |  |  |  |
| **MUR completed Y/ N** |  | **Report sent Y/N** |  |
| **Any other relevant information** |  | | |

|  |  |  |
| --- | --- | --- |
| **Pharmacy Name** |  | |
| **Address** |  | |
| **Telephone** |  | |
| **NHS mail** |  | |
| **Patient consent to share a copy of this form with their GP practice** | | |
| **I consent** to a copy of this form being sent to my GP practice | |  |
| **I do not consent** to a copy of this form being sent to my GP practice | |  |
| Name: | | Signature: |