

# Advice to Homes Record Sheet

Contractor Number			
Pharmacy Name		Date of Visit	
Home Name		Date of Last Visit	
Home Address		Date of Next Visit	
Home Staff Present		Home Manager	
Home Type	Nursing Residential	Number of Registered beds	
<b>Advice Given</b>			
Storage of Medicines <i>(Trolley, Cupboard, CD Cupboard, Fridge)</i>		None Major Minor	
Administration Records <i>(Prescription, Kardex, MAR and Administration sheet)</i>		None Major Minor	
Outgoing/Receipt of Medicines Records		None Major Minor	

Home Remedies /CD Register	None Major Minor
Training Provided?	Yes / No
Key Arrangements Appropriate?	Yes / No
Other Advice e.g. Supply	
Previous problems Resolved?	Yes / No
Recommendations Following Visit	
Pharmacist Name <i>(please print)</i> and Signature	
Home Representative Name <i>(please print)</i> and Signature	