

NHS New Medicine Service

Feedback Form



Date:

To:

Patient name:
Patient address:

DOB:

NHS number:

This patient was recently enrolled on the NHS New Medicine Service following the prescribing of:

I am writing to inform you of a matter that has arisen during provision of the service which requires your consideration:

- Potential drug interaction(s)
- Potential side effects/adverse drug reaction preventing use of medicine
- Patient reports not using medicine any more
- Patient reports never having started using medicine
- Patient reports difficulty using the medicine – issue with device
- Patient reports difficulty using the medicine – issue with formulation
- Patient reports lack of efficacy
- Patient reports problem with dosage regimen
- Patient reports unresolved concern about the use of the medicine
- Other (see comments below)

Further information / comments / possible action:

I have advised the patient that, where appropriate, the practice will contact them regarding this matter after considering the above information. Please provide any necessary feedback to me on the outcome.

Pharmacist Name:

Telephone:

Pharmacy Address:

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