

## Appendix 6

### TEMPLATE CMP 1 (Blank): for teams that have full co-terminus access to patient records

Name of Patient:		Patient medication sensitivities/allergies:		
Patient identification e.g. ID number, date of birth:				
Responsible clinician(s):		Supplementary Prescriber(s):		
Condition(s) to be treated		Aim of treatment		
<u>Medicines that may be prescribed by SP:</u>				
Preparation	Indication	Dose schedule	<u>Specific indications for referral back to the IP</u>	
Guidelines or protocols supporting Clinical Management Plan;				
<u>Frequency of review and monitoring by:</u>				
Supplementary prescriber	Supplementary prescriber and responsible clinician			
Process for reporting ADRs:				
Shared record to be used by Responsible Clinician and SP:				
Agreed by responsible clinician(s)	Date	Agreed by supplementary prescriber(s)	Date	Date agreed with patient/carer