**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 | | | | |
| **Medicines that may be prescribed by SP:** | | | | | | | | |
| **Preparation** | **Indication** | | | | **Dose schedule** | | **Specific indications for referral back to the**  **IP** | |
| **Guidelines or protocols supporting Clinical Management Plan;** | | | | | | | | |
| **Frequency of review and monitoring by:** | | | | | | | | |
| 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 |