**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  |