South (South West)

**Application to undertake an MUR by telephone**

**for a particular patient on a particular occasion**

Form PREM2D SWEST

A completed copy of this form should be submitted by the pharmacy contractor to NHS England South (South West) in order to request consent to undertake an MUR by telephone for a particular patient on a particular occasion. As you need to disclose the patient’s name to NHS England South (South West), you should obtain the patient’s consent to disclosure, before making the application to NHS England South (South West). This application is made under Direction 4(6) of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. NHS England South (South West) must consent to this application before an MUR can be conducted by telephone for the particular patient on the particular occasion.

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| Pharmacy Details | | | | | | | |
| Name of pharmacy contractor: | | | |  | | | |
| ODS code (F code): | | | |  | | | |
| Pharmacy address: | | | |  | | | |
| Address for correspondence (if different from above): | | | |  | | | |
| Application | | | | | | | |
| 1. | I/we apply for consent to undertake an MUR consultation by telephone for the following patient on one occasion | | | | | | |
| 2. | Patient’s name: |  | | | | | |
| 3. | Is the patient housebound (receives home visits from GP)? | | | | | | |
| 4. | Age of patient | | | | | | |
| 5. | Patient’s awareness / level of hearing | | | | | | |
| 6. | I/we confirm that the arrangements are such that the telephone conversation will not be overheard (except by someone whom the patient wants to overhear the consultation). | | | | | | |
| 7. | Reason why it is not possible to carry out  the consultation in patient’s home. | | | |  | | |
| 8. | Type of medication patient is taking. | | | |  | | |
| 9. | How long have you been dispensing for the patient? | | | |  | | |
| 10. | Is this the patient’s first MUR? If not, please give date of last MUR | | | |  | | |
| 11. | Has the patient been discharged from hospital recently? | | | |  | | |
| 12. | Is patient self-medicating? | | | |  | | |
| Pharmacy contractor’s declaration | | | | | | | |
| Signed: | | |  | | | Date: |  |
| Contact name for queries relating to this form: | | |  | | | Tel No: |  |