Ixworth Surgery
Suffolk

www.ixworthsurgery.co.uk

Medication Review Form

Please complete this form if you have been advised by the Surgery that your medication review is due

Your Details	
First name	
Surname	
Date of Birth	
Phone Number	
Email	

Do you know why you take each of your medicines?

☐ Yes ☐ No

If no, please provide details of which medicines you are unsure of:

Do you have any problems with taking your medicines? (e.g swallowing them, using your inhaler)

☐ Yes ☐ No

If yes, please provide details of which medicines you are having difficulty with:

Do you think your medicines are working?

☐ Yes ☐ No

If no, please provide details of why:

Do you have any trouble remembering to take your medicines?

☐ Yes ☐ No

If yes, please provide details:

Have you missed any doses of your medicines?

☐ Yes ☐ No

If yes, please provide further details:

Do you think you are getting any side effects from your medicines?

☐ Yes ☐ No

If yes, please provide details of the side effects you are experiencing:

Is there anything else you would like to know about your medicines?

☐ Yes ☐ No

If yes, please provide details of what you would like to know:

Do you take any other medicines that aren't prescribed by your GP surgery? *(e.g. Over The Counter Medicines, herbal remedies, medicines from a clinic or hospital)*

☐ Yes ☐ No

If yes, please provide details of these medicines:

Continued on the next page

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Height & Weight	
If you have an up-to-date height and weight, please enter these below. *(Optional)*	
Height (m):	Weight (Kg):

Blood Pressure
If you are able to supply a blood pressure reading from a home blood pressure machine, please can you enter the result below:

What is your current smoking status?		
☐ Smoker	☐ Ex-Smoker	☐ Non-Smoker
If you want to quit smoking and feel you need support we can give you details of a local Stop Smoking Service who currently run sessions.		

Thank you for completing this medication review form. Please send via email to: ixworth.enquiries@nhs.net. Alternatively, you can print the completed form and post it in or hand it in at reception. We will be in contact with you if an appointment or telephone consultation is necessary