South Milford Surgery

Dispensing Review of Use of Medication (DRUM)

Patient Name:		Date of Review:		READ Coded:	XaMhk
Date of Birth:		Reviewer:			

	YES	If NO - explain	For reviewer: Problems identified and sorted
Concordance: Do you understand the purpose of each of your medications?			
Compliance: Are you able to take your medication as directed on the labels?			
Efficacy: Are your medicines effective in controlling your symptoms?			
If you answer YES to the following questions, please provide an explanation as to why?			
Side effects: Have you experienced any side effects which may be attributable to your medication?			
Using your medication: Do you have any problems, which if addressed, would assist you taking your medication?			
Reduce Wastage: Have you stopped taking any medications and can these be removed from your Repeat List?			

Please return all unwanted and unused medication to the dispensary
and ensure you do not re-order these medications
The doctors would rather know if you were not taking the medication
and understand the desire for most patients to be on as little medication as possible

Thank you for completing this form
Please hand this into reception/dispenser

ADMIN USE ONLY: Please code 'XaMhk' – SystemOne USE ONLY
☐ Coding completed

Created by LC/KD   Date: 01/07/2021   Review Date: 01/07/2022