



Bramham Medical Centre

## Dispensing Review of Use of Medication (DRUM)

<b>Patient Name:</b>		<b>Date of Review:</b>		<b>READ Coded:</b>	<b>XaMhk</b>
<b>Date of Birth:</b>		<b>Reviewer:</b>			

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

**ADMIN USE ONLY: Please code 'XaMhk' – SystemOne USE ONLY**

**Coding completed**