# Appendix 2 - Individual Patient Care Plan - Request For Transfer Of Prescribing And Monitoring To Primary Care

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name |  | CHI |  |
| GP Practice |  | GP: |  |

This medicine is currently being prescribed and managed for this patient by secondary care. We request that this be considered for ongoing prescribing and monitoring in primary care. This medicine will continue to be managed by secondary care until agreement is reached with primary care.

|  |  |
| --- | --- |
| Diagnosis |  |
| Medicine |  |
| Dose |  |
| Date initiated |  |
| Prescribing requirements |  |
| Disease monitoring  requirements |  |
| Drug monitoring required | N/A ☐ FBC ☐ U&E ☐ LFT ☐  Other………………………..  Frequency:……………………………………………..  Refer back to consultant………………… |
| Known adverse effects and actions to be taken |  |
| Follow up/review arrangements with secondary care |  |

To be completed when requesting ‘off-label’ use of licensed medicine

|  |  |
| --- | --- |
| Reason for ‘off-label’ use of licensed medicine |  |
| Patient/representative informed and  agreed to ‘off-label’ use | Yes/No |
| Discussed with primary care clinician | Yes/No |

|  |  |  |
| --- | --- | --- |
| Consultant name |  | |
| Speciality |  | |
| Contact details | Email | Phone |
| Date: |  | |

# Feedback to Secondary Care (to be completed by Primary Care clinician):

|  |  |  |
| --- | --- | --- |
| Agree to prescribe | Yes/No | |
| GP name |  | |
| Contact Details | Email | Phone |
| Date |  | |
| Feedback to Consultant |  | |

*Completed document to be scanned into patient notes and copied to consultant.*

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Responsibilities When Requesting A Transfer Of Prescribing From Secondary Care To Primary Care - Version 2