

**Attention:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(BOPAS / Prescriber / Case Manager)

**From:** \_\_\_\_\_  
(Pharmacist) (Pharmacy)

**COMMUNITY PHARMACY FEEDBACK TO BOPAS / GP**

**Name:** \_\_\_\_\_ **NHI:** \_\_\_\_\_

**Current dose:** \_\_\_\_\_

**COP regime:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**In the last month (? 3months) has the client not consumed their dose? (either not presented or diverted)**

None 1-2 3-7 Often

**Comments:** \_\_\_\_\_

**Have there been any requests (directly to the pharmacy) for changes/early pick-ups/lost doses?**

None 1-2 3-7 Often

**Comments:** \_\_\_\_\_

**Have there been any occasions where the client has been abusive, aggressive or disorderly in the pharmacy?**

None 1-2 3-7 Often

**Comments:** \_\_\_\_\_

**Have there been any occasions where the client may have been intoxicated (drugs or alcohol) while in the pharmacy?**

None 1-2 3-7 Often

**Comments:** \_\_\_\_\_

**Are there any further comments or concerns regarding this client? (e.g. changes in behaviour/potential destabilisation/attitude toward other clients/positive behaviours)**

\_\_\_\_\_  
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