

## Highland Hospice

Listed below are the medicines prescribed for you on discharge from the Hospice. This is intended as a guide for you. Please check with your doctor if your medicines are changed while you are at home. The medicines listed are correct at the time of issue.

PATIENT NAME:

CHI No:

ALLERGIES:

### Regular Medicines

Check tick	Medicine name & form	Strength	Special instructions	When to take and how much (number of tablets/volume of liquid)					What's it for
				BREAKFAST	LUNCH	TEA TIME	BED TIME	OTHER	
	SYRINGE DRIVER PRESCRIPTION Medicine Name and dose								

**IF ADDITIONAL MEDICINE IS REQUIRED**

	Medicine name and form	Strength	What's it for	How much to take, how soon should it work, maximum number of doses in a specified time

**DRESSINGS SUPPLIED:**

Nurse signature:	Date:	Doctor Signature:	Date:
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**MEDICATION REGIME DISCUSSED WITH PATIENT/CARER. MEDICATIONS RECEIVED BY PATIENT/CARER ON DISCHARGE.**

**Patient/Carer signature .....**      **Date.....**