

Primecare Health Ltd – MEDICATION REFUSAL FORM

<i>Service User's Name:</i>	
<i>Address</i>	
<i>GP Name:</i>	
<i>Surgery name and address:</i>	

The following is a list of drugs (and dressings) which have been refused by Service User because:

- They are not feeling well
- They feel very well and feel they do not have a need at this time for the medication

Medication	Date Refused	Reason for Refusal	Quantity Refused

I authorise the removal of the medications listed above for safe destruction by:

Social Care Workers Name	Signature	Date
Pharmacist name:	Signature:	Date:

Pharmacy's stamp

Copy to be placed in Service User's medication records.

