

Name:

Date:



## Good Practice Guidance for Care Homes Recommendation for Self-care Product

Care staff cannot administer any product to manage self-limiting illnesses without checking that these are suitable for a person. The purpose of this form is to document the advice provided by a health care professional on the use of a self-care product. The health care professional advising should check suitability of the product for the person as well as checking it does not affect any medicine the person is already taking.

**To be completed following advice from a Health Care Professional** e.g. Community Pharmacist, Community Matron or GP.

Name of Person (requiring advice)			
Date of Birth			
Date of Consultation			
Reason for Consultation			
Medication Recommended			
Dose			
Duration			
Review Date			
Consult GP if: (give details)			
Name of person giving advice			
Role	Nurse	Pharmacist	GP
Person completing the form			

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Care Product	F.F	
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