

Medical Practitioner Contact Form

Young Person's name: Billy Doyle **Date of Birth:** 18.08.2006

Date of contact: 21.04.2023 **Time of contact:** 14:20

Method of contact: Telephone Visit to surgery
Visit to centre Visit to hospital

Practitioner's name: Dr Boyle **Profession:** GP

Reason for contact:

To organise for a new prescription for Billy and schedule an appointment for prescription review.

Medical advice given:

Staff VP phoned Dr. Boyle and discussed a renewal prescription for Billy for the coming month. Staff provided an update on Billy's presentation since commencing taking his ADHD medication. Dr. Boyle said he would issue a new prescription but wanted to see Billy at the practice on Wednesday 23rd to complete a full medical.

Medicine prescribed: yes no

Details of exact dosage prescribed and any instructions given.

1 tablet at night (melatonin) 5mg dose

(Kardex updated to reflect this on 21.10.22).

Any known side effects: Tiredness, nausea, dizziness

Are there changes to be made to PRM as a result of the visit: yes no

Has PRM been amended to reflect this change: yes no

Further action required: yes no

Details:

None at this time.



Persons informed:

Parent(s): yes no X Date: 21.10.22 Comments: _____

Social Worker: yes X no Date: 21.10.22 Comments: _____

PIC: yes X no Date: 21.10.22 Comments: _____

School / Training yes no X Date: _____ Comments: _____

Other: yes no X Date: _____ Comments: _____

Signed: SCW/ SW _____

Read by: TL/ PIC _____