



**MEDICATION ADMINISTRATION  
RECORD (MAR) CHART  
SCHEME  
DATA COLLECTION FORM**



**Please complete this form quarterly for each patient in the scheme and return to the address at the bottom of this form.**

Quarter of data (please tick)

Quarter 1: April to June	Quarter 2: July to Sept	Quarter 3: Oct to Dec	Quarter 4: Jan to March
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**Pharmacist Details**

Pharmacist Name:		Pharmacy Stamp:	
Pharmacist Signature:			
Date:			

**Patient Details**

NHS Number: Or Pt initials		Date of Birth:	
GP Practice:		Patient Postcode:	

**MAR Details**

Date of First MAR Chart:	
Number of MAR Charts completed for this patient in the quarter:	
Number of items patient currently taking:	
Average amount of time taken to complete this patients MAR Chart (please state in minutes):	
Was medication for this patient previously dispensed in an MDS? Yes / No (please specify):	
If Yes, how long would it have taken to complete an MDS for this patient? (please state in minutes):	
How many times were the medications changed for this patient before new prescription issued?	

