

HEALTHCARE PROFESSIONAL FEEDBACK FORM PAEDIATRIC ASTHMA MEDICINES USE REVIEW

Fax

To:	Hampshire & IOW LPC	From:	
Fax:	08716 613991	Pages:	1
Phone:	01256 704455	Date:	

Please rate your level of agreement with each of the following statements by ticking one box for each statement, add any additional comments and fax back to the LPC on 08716 613991.

Statement	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
I am aware of this initiative and what it set out to achieve from discussion with local community pharmacist(s)					
Criteria and protocol for referral of patients were clearly agreed with the community pharmacist(s)					
Community pharmacists have an important role to play in the management of paediatric patients with asthma					
Asthma MURs are of benefit to my paediatric patients					
The inclusion of the patient's carer in the consultation is of benefit to the health outcomes of the patient					
This service supports the achievement of my QOF targets					
This programme should reduce my long-term workload					
I would support similar initiatives in the future on the following clinical areas:					
Further comments:					

Thank you for taking the time to provide this feedback.

This project has been supported by a financial grant from Merck Sharp & Dohme Ltd. Merck Sharp and Dohme Ltd have also assisted in the development and printing of supporting materials.