

## List of Approved Homely Household Remedies - Service User

Name of Service User: \_\_\_\_\_

	Ailment or Minor Illness	Medicine (G.P. to specify)	Dose (G.P. to specify)	CAUTION (includes Contra-Indications with Prescribed Medication)
1	Dry Cough			
2	Sore Throat			
3	Headache / Toothache / Muscular Pain / Back Pain			
6	Constipation			
7	Mild Diarrhoea			
8	Indigestion / Heartburn			
9	Skin Problems; e.g. Dry Skin & Scalp / Sweat Rash / Incontinence Rash / Insect Stings & Bites			

The G.P. identified below has approved the medicines listed above for administration to the Service User, subject to the caution or contra-indications identified (*refer to MAR Chart for records of actual Homely Remedies administered*):

Name of G.P.: \_\_\_\_\_ Signature of G.P.: \_\_\_\_\_ Date: \_\_\_\_\_

**Date for Review of this Medicine Regimen:** \_\_\_\_\_