

**PharmOutcomes – Pharmacy+ Clinic Service Template - Patient Consultation**

**Provision Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If Patient name is not registered, please register first (link on PO to take you straight to it))

**Consultation and Medicines Supply**

1. **Presenting Symptoms:** (Drop down options to choose from)

|  |  |  |  |
| --- | --- | --- | --- |
| Acne |   | Heartburn and indigestion |   |
| Allergies (skin reactions) |   | Migraine |   |
| Back pain, headache or muscular pain |   | Mild fungal infections of the skin (athletes foot) |   |
| Bacterial Conjunctivitis |   | Mild fungal infections of the skin (body and groin) |   |
| Constipation |   | Nasal congestion (including allergic) |   |
| Cystitis |   | Oral thrush |   |
| Dermatitis (including mild eczema) |   | Psoriasis |   |
| Diarrhoea |   | Scabies |   |
| Dysmenorrhoea |   | Sinusitis |   |
| Earache (minor outer ear infections) |   | Sore throat |   |
| Fever |   | Sore throat with difficulty swallowing |   |
| Haemorrhoids |   | Threadworms |   |
| Hay fever (including nasal congestion) |   | Thrush |   |
| Head lice |  |  |  |

**Medication Supplied**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please refer to Formulary for options available)

**Quantity**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You must enter a quantity to ensure correct payment)

**Is this a Household treatment?­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Medication Supplied (if required)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please refer to Formulary for options available)

**Quantity**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You must enter a quantity to ensure correct payment)

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(You must enter a quantity to ensure correct payment)

**Is this a Household Treament?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Medication Supplied (if required)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please refer to Formulary for options available)

**Quantity**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You must enter a quantity to ensure correct payment)

**Levy Status:**

|  |  |  |  |
| --- | --- | --- | --- |
| Pays for each prescription item |   |  |  |
| A - Under 16 years of age |   | G - Has a valid War Pension exemption certificate |  |
| B - 16, 17 or 18 in full time education |   | L - Is name on a current HC2 charges exemption certificate |  |
| C - 60 years of age or older |   | H - Gets Income Support or income related ESA |  |
| D - Has valid maternity exemption certificate |   | K - Get income based Jobseekers Allowance |  |
| E - Has valid medical exemption certificate |   | M - Is entitled or named on a valid Tax Credit exemption certificate |  |
| F - Has valid prescription pre-payment certificate |   | S - has a partner who gets Pension Credit guarantee credit |  |

**Advice**

**Condition: Self-Care:**

VerbalWrittenVerbalWritten

**Antibiotic Stewardship:**

VerbalWrittenN/A

**Referral Information**

**Referral Necessary:**

None – Advice Only GP within 24 hours GP referral A and E Dentist

Optom 111 Other

**Was this patient deemed suitable to access the service?** Yes No

**If no, enter the reason the patient was unsuitable for the scheme:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any other relevant information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further Information**

**If not accessed the Pharmacy+ Clinic:**

Would have gone to GP Would have gone to a Walk-in Centre/Urgent Care Centre

Would have gone to A&E Would have gone to Optom Would have called 111

Would have gone to Dentist Would have accessed normal/core Pharmacy services

Other

**Pharmacy Staff Member that completed the consultation:**

**Position** (drop down option):

Pharmacist Medicine Counter Assistant Dispenser/Technician

**Pharmacist Approving Consultation\*:**

(This is only applicable if Pharmacist not selected above)

***\*In completing this field the pharmacist is declaring their clinical oversight of the consultation*.**

***Note: Please ensure that Provision Record is completed and signed by the patient or the Patient Referral Information Letter has been given to the patient*.**

Any problems with the service template please contact Emma Bracewell at Midlands & Lancashire CSU on

01772 214149 or enhancedservicecsu@nhs.net