

Consultation date: __/__/____

Time:__:__:

Practitioner name:_____

Patient Details

Name:		Postcode:	NHS Number:
Date of birth: __/__/____		Address:	Contact Details:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans			
Ethnicity:			
<input type="checkbox"/> White - British	<input type="checkbox"/> Mixed – Any other mixed background	<input type="checkbox"/> Black or Black British - African	
<input type="checkbox"/> White - Irish	<input type="checkbox"/> Asian or Asian British - Indian	<input type="checkbox"/> Black or Black British – Any other Black background	
<input type="checkbox"/> White – Any other White background	<input type="checkbox"/> Asian or Asian British - Pakistani	<input type="checkbox"/> Other Ethnic Groups - Chinese	
<input type="checkbox"/> Mixed – White and Black Caribbean	<input type="checkbox"/> Asian or Asian British - Bangladeshi	<input type="checkbox"/> Other Ethnic Groups – Any other ethnic group	
<input type="checkbox"/> Mixed – White and Black African	<input type="checkbox"/> Asian or Asian British – Any other Asian background	<input type="checkbox"/> Not stated	
<input type="checkbox"/> Mixed – White and Asian	<input type="checkbox"/> Black or Black British - Caribbean		

GP Practice, Consent & Service Entry

The patient must be advised of the following information sharing that will take place: <ul style="list-style-type: none"> With your GP practice to inform them of the outcome of your consultation under the NHS Pharmacy First Service. The sharing of information about the service with NHS England as part of the service monitoring and evaluation; and The sharing of information about the service with the NHSBSA and NHS England for the purpose of contract management and as part of post-payment verification (PPV). 		GP Practice:
Consent: (required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Method of entry to service: <ul style="list-style-type: none"> <input type="checkbox"/> Signposted <input type="checkbox"/> Self-referral <input type="checkbox"/> Referral (via PharmOutcomes) <input type="checkbox"/> Email referral <input type="checkbox"/> Onward referral from another pharmacy
Referrer organisation: (if referred) <ul style="list-style-type: none"> <input type="checkbox"/> NHS 111 <input type="checkbox"/> NHS 111 Online <input type="checkbox"/> GP Practice <input type="checkbox"/> Emergency Department <input type="checkbox"/> Ambulance Service <input type="checkbox"/> Urgent Treatment Centre 	Signposted from: (if signposted) <ul style="list-style-type: none"> <input type="checkbox"/> NHS 111 <input type="checkbox"/> NHS 111 Online <input type="checkbox"/> Ambulance Service <input type="checkbox"/> GP Practice <input type="checkbox"/> GP Practice Online <input type="checkbox"/> Emergency Department <input type="checkbox"/> Urgent Treatment Centre <input type="checkbox"/> Walk-in Centre <input type="checkbox"/> Other (please state) _____ 	Patient would have attended: (if self-referred) <ul style="list-style-type: none"> <input type="checkbox"/> NHS 111 <input type="checkbox"/> NHS 111 Online <input type="checkbox"/> Ambulance Service <input type="checkbox"/> GP Practice <input type="checkbox"/> GP Practice Online <input type="checkbox"/> Emergency Department <input type="checkbox"/> Urgent Treatment Centre <input type="checkbox"/> Walk-in Centre <input type="checkbox"/> Other (please state) _____
Referrer contact: (if referred)	Referrer ODS code: (if referred/signposted)	Referral reference: (if referred/signposted)

Patient Assessment

<input type="checkbox"/> Existing medical conditions (e.g. any LTC such as asthma, heart disease, respiratory conditions)	Anything taken to help with the condition to date? (if referred) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Allergies and sensitivities (e.g. penicillin)	
<input type="checkbox"/> Patient has a family history of medical conditions	Details: (if answered 'yes' above)
<input type="checkbox"/> Currently taking any medication (consider prescription and OTC)	
<input type="checkbox"/> Breastfeeding	
<input type="checkbox"/> Clinical observations, tests or algorithms conducted (e.g. NEWS2, FeverPAIN)	Clinical notes/observations: (including any associated symptoms if identified)
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None of the above	
Symptom duration: (if referred) <input type="checkbox"/> < 24 hours <input type="checkbox"/> 24-72 hours <input type="checkbox"/> > 72 hours	
Established pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Patient name: _____ Date: ___ / ___ / ___

Patient Assessment

<p>'Red Flags' such as symptoms associated with sepsis, meningitis or cancer identified?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Details of red flag symptoms: (if identified)</p>
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Consultation Outcome

<p>Treatment option considered:</p> <p>First line:</p> <p><input type="checkbox"/> Flucloxacillin</p> <p>If reported penicillin allergy:</p> <p><input type="checkbox"/> Clarithromycin</p> <p>If pregnant:</p> <p><input type="checkbox"/> Erythromycin</p> <p>For self-care only:</p> <p><input type="checkbox"/> None</p>	<p>Do any exclusion criteria apply: (see relevant PGD)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reason for exclusion: (if excluded)</p>
<p>Consultation Outcome:</p> <p><input type="checkbox"/> Advice given only (no medicine supply)</p> <p><input type="checkbox"/> Medicines supply (continue to medicine supply)</p> <p><input type="checkbox"/> Referral into an appropriate locally commissioned NHS service, such as a patient group direction</p> <p><input type="checkbox"/> Non-urgent signposting to another service</p> <p><input type="checkbox"/> Urgent escalation to another service</p> <p><input type="checkbox"/> Other (please state) _____</p>	<p>No supply reason: (required if outcome is not 'medicines supply')</p> <p><input type="checkbox"/> Patient excluded under terms of PGD</p> <p><input type="checkbox"/> Patient does not consent to treatment</p> <p><input type="checkbox"/> Agreed through shared decision making that self-care was the preferred option</p> <p><input type="checkbox"/> Agreed through shared decision making to delay treatment and return if symptoms persist</p> <p><input type="checkbox"/> Other (please state) _____</p>

Medicine Supply

Medicine name:		Levy status	
Form:		<input type="checkbox"/> Pays for each prescription item	<input type="checkbox"/> H – Income Support or Income-related Employment and Support Allowance
Strength:		<input type="checkbox"/> A – 60 years of age or over OR is under 16 years of age	<input type="checkbox"/> K – Income-based Jobseeker's Allowance
Quantity:		<input type="checkbox"/> B – 16, 17 or 18 and in full time education	<input type="checkbox"/> M – Tax Credit exemption certificate
Age range: (for clarithromycin)	<input type="checkbox"/> Children 1-11 years (record weight below) <input type="checkbox"/> Children 12-17 years	<input type="checkbox"/> D – Maternity exemption certificate	<input type="checkbox"/> S – Pension Credit Guarantee Credit (including partners)
Body weight: (kg)		<input type="checkbox"/> E – Medical exemption certificate	<input type="checkbox"/> U – Universal Credit and meets the criteria
Dose:		<input type="checkbox"/> F – Prescription prepayment certificate	<input type="checkbox"/> HMP – Prisoner on release or released from secure accommodation
Days supplied:		<input type="checkbox"/> G – Prescription exemption certificate issued by MoD	
Notes:	<input type="checkbox"/> L – HC2 (full help) certificate		

Patient name: _____ Date: ___ / ___ / ___

Referral

Routine referral: (if necessary)

- GP Practice
- Out of hours GP
- Other Community Pharmacy (complete onward referral form)
- Other (please state) _____

Urgent referral: (if necessary)

- GP Practice
- Out of hours GP
- Other Community Pharmacy (complete onward referral form)
- Urgent Treatment Centre
- 999
- A&E
- Other (please state) _____

ODS code of organisation: (if known)

Reason for referral:

Notes

Including advice provided and actions for patient: