NHS Community Pharmacy Minor Ailments Service - Record Form (SALFORD ONLY)

Patients details

Patients details																			
Registration																			
Date of First Visit																			
Name																			
Date of Birth																			
Ethnicity																			
	White - British	White - Irish	White - Gypsy or Irish Traveller	White - Other	Mixed - White and Black Caribbean	Mixed - White and Black African	Mixed - White and Asian	Mixed - Other mixed groups	Asian or Asian British - Indian	Asian or Asian British - Pakistani	Asian or Asian British - Bangladeshi	Asian or Asian British - Chinese	Asian or Asian British - Other Asian Background	Black or Black British - African	Black or Black British - Caribbean	Black or Black British - Other black background		Any other ethnic group	Prefer not to say
	White	White	White	White	Mixed	Mixed	Mixed	Mixed	Asian	Asian	Asian	Asian	Asian	Black	Black	Black	Arab	Any o	Prefer
Postcode																			
Address																			
Gender				GI	M Local	ity													
	Male	Female	Prefer not to say				Bury	Heywood, Middleton & Rochdale	Manchester	Oldham	Salford	Stockport	Tameside & Glossop	Trafford	Wigan				
Eligibility for GM	60 yea						ars of a	ge											
MAS Service - SALFORD ONLY	is 16, 1 Materi					ation													
SALI OND ONE!	Medica																		
	Prescri																		
					tificate	issued	by Min	istry of	Defend	e									
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Please confirm	it evide	nce of	exemp	tion ha	is been	cnecke	ed:	yes		No									
					Min	or Ailm	ents S	rvice -	Consul	tation	Inform	ation							

			Min	or Ailm	ents Se	ervice -	Consul	tation	Inform	ation				
Date of consultation														
Patient Name														

Consent to share with GP	Yes		conser	nt to sh	are give	en												shared with t-payment
with Gr	No		conser	nt to sh	are not	given		tiic	cco ai	ia iviis)	ic pui p	verific			.ormg d	ina post	. payment
Patients GP																		
Practice																		
Patient Present	Yes		No		If no	please	state re	eason									'	
Consultation type	face to	face		digital			Phone											
Pharmacist Name																		
GPhC Number																		
Presenting Symptoms 1											٦				(3)			
	Allergy	Athletes Foot	Atopic Eczema	Constipation	Contact dermatitis	Diarrhorea	Dry eyes	Ear Wax	Fever	Head lice	Indigestion & heartburn	Insect bites & stings	Mouth Ulcers	Nappy Rash	Pain(Including Teething)	Threadworm	Oral Thrush	
Were any red flag s	ympto	ms ider	ntified?		Yes		No											
If there were red flag symptoms, where is the	at the electro	end of onically	the cor to pati	nsultati ent's G	on. not P		on & ha n will al				_				none. P range a		cist to intmen	t
patient being referred to?		11 urge		elepho	ne						Dentis							
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Presenting Sympton		tcome									Оргоп							
Outcome of			e and a	medic	ine fror	n the lo	ocal for	mulary	suppo	rted by	/ advice	on its	use					
consultation																		
	provid	e advic	e on th	e mana	gemen	t of the	e ailmer	nt plus	a referr	al to a	n appro	priate	healthc	are pro	ofession	nal		
Presenting	provid	e advic	e on th	e mana	gemen	t of the	e ailmer	nt plus	a referr	al to a	n appro	priate	healtho	are pro	ofession	nal		
Presenting Symptom 2	Allergy	Athletes Foot	Atopic Eczema	Constipation	Contact dermatitis	Diarrhorea	Dry eyes	Ear Wax	ever Fever	al to a	Indigestion & heartburn	Insect bites & stings	Mouth Ulcers	Nappy Rash	Pain(Including Teething)	Threadworm	Oral Thrush	
Presenting Symptom 2 Were any red flag s	Allergy	ws idea	Spailite:	Constipation	ය Contact dermatitis	Diarrhorea	S Dry eyes	Ear Wax	Fever		Indigestion & heartburn	Insect bites & stings	Mouth Ulcers	Nappy Rash	Pain(Including Teething)	Threadworm		
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	Printed	dinforn				ibiotic l									
	either		ack to	see me	or see	_		l patients: If your symptom n your GP. You can call NHS							then
Service audit															
How did you hear about the service?								Without service would patient have:							
	Referral by NHS111	Referral by GP practice	Promotion by Pharmacy	Word of Mouth	Referred by Optician	Other (Please State)			Gone without medication	Purchased medication	Contacted GP practice	Contacted the out of hours service	Visited A&E or an urgent care centre	Visited a walk in centre	Other (Please State)
Patient Experience															
Would patient recomment to								Would the patient use the service again?							
friends and family?			٨					Service again:			<u>></u>				
,	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know			Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	
Patient Comments													•	-	