NHS Community Pharmacy Minor Ailments Service - Record Form

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	Arab	Any other ethnic group	Prefer not to say
Postcode										_	_		_						
Address																			
Gender				GI	VI Local	ity													
	Male	Female	Prefer not to say				Иng	Heywood, Middleton & Rochdale	Manchester	Oldham	Salford	Stockport	Tameside & Glossop	Trafford	Wigan				
Eligibility for GM MAS Service	Individ	ual is n	amed o	on a cur	rent H	C2 char	ges cer	tificate											
33	Individ Suppo		heir pa	rtner re	eceives	Income	e Suppo	ort, Inco	ome ba	sed Job	seeker	s Allow	ance o	r Incom	ne relat	ed Emp	loymer	nt and	
			young	person	under	the age	e of 20 v	who is o	depend	ent on	someo	ne rece	iving th	ose be	nefits				
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	notice		eives U					entitle	ment to	o tree p	rescrip	tions is	stated	on the	Univer	sai Cred	ait awa	rd	
Please confirm if evidence of exemption has been checked: yes No																			

					Min	or Ailm	nents So	ervice -	Consul	tation	Inform	ation									
Date of consultation																					
Patient Name																					
Consent to share with GP	Yes			nt to sh						ormation will be passed to the patient's GP, and may also be shared with G and NHSE for the purposes of service monitoring and post-payment verification'											
Patients GP	No		consei	nt to sh	are not	given	l			l	ı	I	verific	cation' I	I				l		
Practice	<u> </u>															<u> </u>		<u> </u>			
Patient Present	Yes																				
Consultation type	face to face digital Phone										1	ı	1	1							
Pharmacist Name													1					<u> </u>			
GPhC Number																					
Presenting																					
Symptoms 1											Ε				(gı						
	Allergy	Athletes Foot	Atopic Eczema	Constipation	Contact dermatitis	Diarrhorea	Dry eyes	Ear Wax	Fever	Head lice	ndigestion & heartburn	nsect bites & stings	Mouth Ulcers	Nappy Rash	Pain(Including Teething)	Threadworm	Oral Thrush				
Were any red flag s								<u> </u>	Ľ	<u> </u>	<u> </u>		≥	Z	<u>ک</u> ا	F	0	I			
If there were red				ment, F	Yes	tificatio	No on & ha	nd to n	ationt	1	GD ura	ont roc	ulast h	v talani	none D	harmac	rist to		1		
flag symptoms,				inent, r isultatio							GP urgent request by telephone. Pharmacist to telephone GP surgery to arrange an appointment										
where is the	electro	nically	to pati	ent's GI)									•							
patient being	NHS 1	11 urge	nt via t	elepho	ne						Dentis	t									
referred to?	Walk-in centre										Podiatrist										
	A&E										Optometrist										
Presenting Sympto	m 1 Out	tcome																			
Outcome of	provid	e advic	e and a	medici	ne fron	n the lo	cal for	mulary,	suppoi	rted by	advice	on its ι	ıse								
consultation	provid	provide advice and a medicine from the local formulary, supported by advice on its use provide advice on the management of the ailment plus a referral to an appropriate healthcare professional																			
Presenting																					
Symptom 2	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		ns ider	ntified?		Yes		No														
If there were red flag symptoms, where is the	at the	end of	the cor to pati	ment, F nsultatio ent's GI	on. noti	fication	n will al	-			GP urgent request by telephone. Pharmacist to telephone GP surgery to arrange an appointment										
patient being referred to?	Malle !	n cont		111 ur	gent via	telepl	none					Dentist									
referred to:	Walk-ii A&E	n centr	e												atrist netrist						
	A&E													Optoi							

Presenting Symptor	m 2 Ou	tcome														
Outcome of	provid	provide advice and a medicine from the local formulary, supported by advice on its use														
consultation	provid	e advic	e on the	e mana	gemen	t of the	ailme	nt plus a referral to an appro	priate h	ealthca	re prof	essiona	I			
	•															
Information and	Discus	sed syn	nptoms	- Dura	ton and	l what i	s norm	al								
advice provided	Discus	sed self	f care m	nessage	!S											
	Given	Given antibiotic advice where appropriate														
	Printe	Printed information provided - self care forum factsheet														
	Printe	d inforn	nation _l	provide	d - pati	ent.co.	uk hea	lth information								
	Printe	d inforn	nation _l	provide	d - anti	biotic le	eaflet									
	Ensure	the sa	fety ne	tting m	essage	is give	n to al	patients: If your symptoms	do not	improv	e or be	ecome i	nuch v	orse, t	hen	
	either	come l	oack to	see me	or see	k advic	e from	your GP. You can call NHS 1	111 or 9	99 if th	e matte	er is urg	gent an	d a		
	Pharm	acist o	r GP is ı	not ava	ilable											
Service audit																
How did you hear								Without service would								
about the service?		a)	>	ج.	L	(i		patient have:					a)			
	Referral by NHS111	Referral by GP practice	Promotion by Pharmacy	Word of Mouth	Referred by Optician	Other (Please State)						9	Visited A&E or an urgent care centre			
	Ξ	pra	harr	μ	Opt	se S						Contacted the out of hours service	e Ce			
	l by	GP	γ	rd o	by	lea						rs s	care			
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	}efe	erra	otic		efer	the			dica	tior	tice	of	urge	entr	(e)	
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									e ×	has	tact	tact	ed /	ed) la	
									Gone without medication	Purchased medication	Contacted GP practice)oni	/isit	Visited a walk in centre	Other(Please State)	
Patient Experience	-															
Would patient	I							Would the patient use the			П	T	П			
recomment to								service again?								
friends and family?			ely					, and the second			e					
			likely nor unlikely								likely nor unlikely					
			or u		ely						or u		e			
	(ely		V nc		ely unlikely				ely likely		ŭ		ely unlikely			
	ely likely		ikel		ın A	οw					ike		<u>.</u>	γo		
	me		erl	ely	mel	. kn			me		er	e	me	k		
	Extreme	Likely	Neither	Unlikely	Extreme	Don't know			Extreme	Likely	Neither	Unlikely	Extreme	Don't know		
Patient Comments	ú		Z		Û	Ω			ú	:=	Z	⊃∣	ا ش			
Patient Comments																