

NHS Community Pharmacy Minor Ailments Service - Record Form

Patient's details																							
Minor Ailments Part One - Registration Module																							
Provision Date																							
First name																							
Surname																							
Date of birth																							
Gender																							
	Male	Female	Prefer not to say	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 and Asian British - Indian	Asian and Asian British - Pakistani	Asian and Asian British - Bangladeshi	Asian and Asian British - Chinese	Asian and 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																							
Patient details and Eligibility																							
Consultation Date																							
Patient Name																							
GP Practice																							
Scheme Eligibility																							
Scheme Eligibility	PMR	Repeat script copy	Patient Known	Other	If other please state																		
Eligibility	is under 16 years of age																						
	is 16, 17 or 18 and in full-time education																						
	is 60 years of age or over																						
	has a valid maternity exemption certificate																						
	has a valid medical exemption certificate																						
	has a valid prescription pre-payment certificate																						
	has valid War Pension exemption certificate																						
	is named on current HC2 charges certificate																						
	gets Income Support or income related ESA																						
	gets income-based Jobseeker's Allowance																						
	is entitled or named on valid NHS Tax Credit Exemption certificate																						
	his/her partner gets Pension Credit Guarantee Credit gets Employment and Support Allowance																						
OR the patient has paid <input type="text"/> for items <input type="text"/>																							
I am <input type="checkbox"/> the patient <input type="checkbox"/> patient's representative <input type="checkbox"/>																							
Patient Present	Yes	No	State why supply made if patient not present																				
Pharmacist Name																							
GPHC Number																							



Medicine supply information																							
Presenting symptoms	Constipation	Indigestion/ Heartburn	Diarrhoea	Haemorrhoids	Scabies	Sore Throat	Nasal Congestion (Infant)	Verruca / Wart	Temperature	Headache / Earache	Hay Fever	Soft Tissue Injury	Athletes' foot	Cold sores	Contact dermatitis	Head lice	Insect bites & Stings	Dry Skin	Nappy rash	Vaginal thrush	Eczema	Conjunctivitis	Ear Wax
	Threadworm	Allergy / Rash	Oral Thrush	Migraine	Other	Please ensure that you promote and encourage patients to 'self-care' by providing advice and education around self-care and what medication(s) the patient/ parent / guardian should purchase to keep in stock at home for future use.																	
Patient /Parent Consent - To share information with GP and NHS England	Yes	No	Please ensure that you receive consent from the patient to share this information with GP's and NHS England																				
	Medicines supplied (medication must be chosen from the formulary)																						
Medicine																							
Date of supply																							
Time of supply																							
Information and advice provided																							
Verbal	Symptoms- Duration and what is normal	Self care messages	Antibiotic advice where appropriate	Printed	Self care forum factsheet	Patient.co.uk health information leaflet	Antibiotic leaflet where appropriate	Consultation outcome	Advice and medication with advice and medication	Other	Referral information	None necessary	To GP via usual appointment	Urgent to GP by telephone	Urgent to NHS111 by telephone	Other							
	Printed	Self care forum factsheet	Patient.co.uk health information leaflet		Antibiotic leaflet where appropriate	Consultation outcome	Advice and medication with advice and medication		Other	Referral information		None necessary	To GP via usual appointment	Urgent to GP by telephone	Urgent to NHS111 by telephone	Other							
Service Audit																							
How did you hear about the service?	Referral by NHS111	Referral by GP practice	Promotion by Pharmacy	Word of mouth	Other	Without service would patient have	Gone without medication	Purchased medication	Contacted GP practice	Contacted the out of hours service	Visited A and E or an urgent care centre	Visited a walk in centre											
	Referral by NHS111	Referral by GP practice	Promotion by Pharmacy	Word of mouth	Other		Without service would patient have	Gone without medication	Purchased medication	Contacted GP practice	Contacted the out of hours service	Visited A and E or an urgent care centre	Visited a walk in centre										
Patient declaration overleaf to be completed																							
I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to NHS England, the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities.																							
Signature											Date												
If different from overleaf, add your name and address below																							
Name																							
Address																							
Patient Experience																							
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	How likely are you to use this service in the future?	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Patient Comments										
	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know		How likely are you to use this service in the future?	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Patient Comments									