

Referral from Community Pharmacy

Patient's name:.....

Patient's D.O.B:.....

Patient's address:.....

.....
The patient named above has accessed the Pharmacy First for Common Ailment's Scheme and following assessment by the pharmacist on duty a referral has been recommended based on the following information;

Pharmacist's comments:.....

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Indication of urgency (please tick):

- Accident and Emergency
- Contact GP or other HCP within 24 hours
- Contact GP or other HCP within days if symptoms do not resolve

Pharmacist's name (PRINT).....

Pharmacy telephone number.....

Pharmacy address.....

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Date and time.....

Pharmacist signature.....

Please ensure that this form is given to your GP or other Healthcare Professional