

Date of Supply		Date entered onto PharmOutcomes	
Time of Supply		Client Address	
Client name			
Postcode		GP surgery	
Date of birth			
NHS number (if known)		Patient consent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of person making supply:			
Pharmacist		GPhC number	
If supply is being made while GP practice is open please explain why:			
<i>Patient out of area</i>		<i>Patient unable to get to practice while it is open today</i>	
<i>GP open but unable to supply script</i>		<i>Other (explain)</i>	
Medication supplied – Please make a note of drug, form and quantity.			
Medication 1 supplied		Medication 2 supplied	
Medication 3 supplied		Medication 4 supplied	
Medication 5 supplied		<i>If more than 5 meds supplied - complete a second consultation form.</i>	
NHS Levy Paid? Y/N	No of Levies?	Where patient exempt was evidence Seen? Y/N	
Where was patient referred from?			
<i>GP Practice</i>		<i>A&E, WIC or OOH</i>	
<i>Pharmacy</i>		<i>Other (explain)</i>	
<i>Word of mouth</i>			
Without pharmacy service, where would you have attended?			
<i>A&E</i>		<i>GP Practice</i>	
<i>Walk in Centre (WIC)</i>		<i>Out Of Hours</i>	
<i>Would have gone without meds</i>		<i>Other (explain)</i>	
Nature of Emergency (why request made)			
<i>Patient lost/misplaced meds</i>		<i>Patient ran out of meds</i>	
<i>Patient away from home</i>			
<i>Rx not available from GP</i>		<i>Other (explain)</i>	
How often has this happened in the last year?			
<i>Not at all</i>		<i>Once or twice</i>	
<i>3 – 6 times</i>		<i>More than 6 times</i>	
If patient ran out of meds, when was Rx ordered?			
<i>Less than 2 days</i>		<i>2 – 4 days</i>	
<i>5-7 days</i>		<i>More than 7 days</i>	
Who normally orders the repeat Rx for the patient?			
<i>Patient</i>		<i>Carer (family/friend)</i>	
<i>Carer (formal)</i>			
<i>Pharmacy</i>		<i>Other (explain)</i>	
Do meds run out at different times?		Yes / No	Are any of meds requested new to you? Yes / No
Is repeat ordering system understood?			
<i>completely</i>		<i>Fairly well</i>	
<i>partially</i>		<i>Not at all</i>	
<i>N/A</i>			
Does patient need support to manage meds better and if so, who from?			
<i>None/ N/A</i>		<i>Carer (family/friend)</i>	
<i>Carer (formal)</i>			
<i>Pharmacy</i>		<i>GP</i>	
<i>Other (explain)</i>			

Please ensure this record is entered onto PharmOutcomes ASAP and MUST BE within 24 hrs of consult. System automatically notifies GP practice electronically where possible, otherwise you will be prompted by the system to manually inform GP. www.pharmoutcomes.org

Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3.			
PART 1	<i>The patient doesn't have to pay because he / she:</i>		
	is under 16 years of age		
	is 16, 17 or 18 and in full-time education		
	is 60 years or over		
	has a valid maternity exemption certificate		
	has a valid medical exemption		
	has a valid pre-payment certificate		
	has a war pension exemption certificate		
	is named on a current HC2 charges certificate		
	is named on a valid NHS Tax Credit Exemption Certificate		
	or his/her partner gets Income Support		
	or his/her partner gets income-related Employment and Support Allowance (ESA)		
	gets income-based Jobseeker's Allowance		
	or his/her partner gets Pension Credit Guarantee Credit		
	is receiving FOC contraceptive		
<p>I declare that the information I have given is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption from prescription charges. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to disclosure of relevant information from this form to NHS England, the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities</p>			
Part 2	I have paid	£	Now sign and fill in Part 3
Part 3	Please select one option	<input type="checkbox"/> I am the patient	<input type="checkbox"/> I am the patient's guardian
<p>I am patient's representative (Patient's rep should only be collecting meds in the case of a pandemic or at the pharmacist's professional discretion)</p>			
<p>I agree that the information on this form can be shared with:</p> <ul style="list-style-type: none"> • My/the patient's GP practice to help them provide care to me/the patient • NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy 			
Signature			Date
Where this form is not signed by the patient please add your name and address below:			
Name			
Address and Postcode			

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