

Patient Details:

Forename: _____ D.O.B: _____ Age: _____

Surname : _____ Sex : M / F

Address : _____

_____ Post Code: _____

Name GP Practice: _____

Address GP Partice: _____

Ethnicity _____ (See Pharmoutcomes for the categories)

Consent for Data Sharing

I am happy to share the data regarding this service with other providers of the service and the NHS for commissioning purposes. Yes ☐ No ☐

Service can not proceed without this consent

Consultation Record:

Patient is present during consultation	Yes / No	If no, please state reason
Time of Consultation	Before 8am <input type="checkbox"/> 8am-12pm <input type="checkbox"/> 12pm-2pm <input type="checkbox"/> 2pm-4pm <input type="checkbox"/> 4pm-6pm <input type="checkbox"/> 6pm-8pm <input type="checkbox"/> 8pm-10pm <input type="checkbox"/> After 10pm <input type="checkbox"/>	
Person Conducting Consultation & Role in Pharmacy		
Time Taken for Consultation		

Consultation Notes, Diagnosis & Products Given

Clinical Observations (presenting symptoms, history, previous treatment attempts, any examination performed etc)

Diagnosis & Products Given

Service Accessibility:

Have you accessed the service before Yes ☐ No ☐

Where did you hear of the service
GP ☐ 111 ☐ Friends & Family ☐ Advert ☐ Leaflet ☐ Pharmacy ☐
Other ☐ (Please State)

If this service was not available, where would you have gone
GP ☐ 00H ☐ A&E ☐ Walk In Centre ☐ Purchase ☐
Other ☐ (Please State)

Pharmacist Details :

Name :	Pharmacy Stamp
GPHC No:	
Signature :	
Date:	

Don't pay – Indicate exemption category (put X mark):

- | | | |
|---|--------------------------|---|
| A | <input type="checkbox"/> | is under 16 years of age |
| B | <input type="checkbox"/> | is 16 , 17 or 18 and in full time education |
| C | <input type="checkbox"/> | is 60 years of age or over |
| D | <input type="checkbox"/> | has a maternity exemption certificate |
| E | <input type="checkbox"/> | has a medical exemption certificate |
| F | <input type="checkbox"/> | has a prepayment prescription certificate |
| G | <input type="checkbox"/> | has a valid War Pension exemption certificate |
| L | <input type="checkbox"/> | is named on a current HC2 charge certificate |
| H | <input type="checkbox"/> | gets income support |
| K | <input type="checkbox"/> | gets income based job seekers allowance (JSA(1B)) |
| M | <input type="checkbox"/> | is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate |
| S | <input type="checkbox"/> | has a partner who gets Pension Credit guarantee credit (PCGC) |

Payment – I have paid £

I am the: patient ☐ patient's representative ☐
child accompanied by representative ☐

Signed : _____ Date: _____

Address if different from above:

For pharmacy use only

Cross if evidence of exemption not seen? ☐