## Pharmacy First Consultation Form

<table>
<thead>
<tr>
<th>Pharmacist name</th>
<th>GPhC number</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Consultation date</th>
<th>Consultation time</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Date of Birth</th>
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<table>
<thead>
<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>Full Postcode</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Trans</th>
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<tr>
<th>GP Practice</th>
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### Ethnicity
- □ White - British  □ Mixed - Any other mixed background  □ Black or Black British - Caribbean
- □ White - Irish  □ Asian or Asian British - Indian  □ Black or Black British - African
- □ White - Any other White background  □ Asian or Asian British - Pakistani  □ Black or Black British
- □ Mixed - White and Black Caribbean  □ Asian or Asian British - Bangladeshi  □ Any other Black background
- □ Mixed - White and Black African  □ Asian or Asian British  □ Any other ethnic group
- □ Mixed - White and Asian  □ Chinese  □ Not stated
- □ Prefer not to say

### Patient Eligibility (all must apply)
- □ Patient present  □ Exempt from prescription charges  □ Consent to share details with GP
- □ Current minor ailment  □ GP practice part of Bradford City CCG

### Minor Ailment Consultation

<table>
<thead>
<tr>
<th>Consultation Location</th>
<th>Consultation room</th>
<th>Another area of the pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

### Presenting symptoms / ailment
- □ Cough  □ Cold  □ Earache  □ Sore Throat  □ Threadworms  □ Teething
- □ Thrush  □ Fever  □ Hayfever  □ Blocked nose  □ Athlete's Foot  □ Other (state)

### Second symptom / ailment (Only if applicable)
- State from list above

### Information and advice provided

<table>
<thead>
<tr>
<th>Verbal advice provided</th>
<th>Printed information about ailment supplied</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Symptoms (expected duration, what’s normal)  □ patient.co.uk Health information sheet</td>
<td></td>
</tr>
<tr>
<td>□ Self-care messages  □ Self-care Forum factsheet</td>
<td></td>
</tr>
<tr>
<td>□ Antibiotic stewardship  □ Printed information not appropriate / suitable</td>
<td></td>
</tr>
<tr>
<td>□ Other (state)</td>
<td></td>
</tr>
</tbody>
</table>

### Antibiotic leaflet supplied
- □ Pharmacy First antibiotic info sheet  □ Not appropriate / suitable  □ Other antibiotic leaflet (state)

### Medication supplied
- □ Beclometasone 50 mcg nasal spray (200 sprays)
- □ Cetirizine solution 5mg/5ml (200ml) SF
- □ Cetirizine 10mg tablets (30)
- □ Chlorphenamine Syrup (150 ml) SF
- □ Chlorphenamine Syrup (150 ml)
- □ Chlorphenamine Tablets 4 mg (30)
- □ Clotrimazole 500mg pessary (1)
- □ Clotrimazole cream 1% (20g)
- □ Ephedrine 0.5% nasal drops (10ml)
- □ Fluconazole 150 mg Cap (1)
- □ Ibuprofen suspension 100mg/5ml (100ml) SF
- □ Ibuprofen tablets 200mg (24)
- □ Ibuprofen tablets 400mg (24)
- □ Lidocaine +/- Cetalkonium
- □ Loratadine syrup 5mg/5ml (100ml)
- □ Loratadine 10mg tablets (30)
- □ Mebendazole suspension (30ml)
- □ Mebendazole 100mg tablet (1)
- □ Mebendazole 100mg tablet (4)
- □ Miconazole 2% cream (30g)
- □ Paracetamol 500 mg Tablets (32)
- □ Paracetamol soluble tabs 500mg (24)
- □ Paracetamol Susp SF 120 mg / 5 ml (100ml) SF
- □ Paracetamol Susp SF 250 mg / 5 ml (100ml) SF
- □ Pholcodine Linctus 5mg/5ml (200ml) SF
- □ Pholcodine Linctus 5mg/5ml (200ml) SF
- □ Pholcodine Linctus 5mg/5ml (200ml)
- □ Pholcodine Linctus 5mg/5ml (200ml)
- □ Simple Linctus (200ml) SF
- □ Simple Linctus (200ml)
- □ Simple Linctus Paediatric (200ml) SF
- □ Simple Linctus Paediatric (200ml)
- □ Sodium chloride 0.9% nasal drops (10ml)

### Referral
- □ None required
- □ In-hours usual care to GP
- □ Urgent (via telephone) to GP
- □ Urgent (via telephone) to NHS 111
- □ Other (state)

### Outcome of Pharmacy First consultation
- □ Advice only
- □ Advice and medication supply
- □ Non-urgent referral with advice
- □ Non-urgent referral with advice and treatment
- □ Urgent referral

Details of urgent referral:
- e.g. who called, date and time of appointment
**Patient Declaration – To be completed by the patient**

NOTE - You will be asked to show proof that you do not have to pay prescription charges, such as a benefit book or exemption certificate

| □ | A. is under 16 years of age | Pharmacist to complete Evidence of Exemption Seen: |
| □ | B. is 16, 17 or 18 years of age and in full time education |
| □ | C. is 60 years of age or over |
| □ | D. has a valid maternity exemption certificate |
| □ | E. has a valid medical exemption certificate |
| □ | F. has a valid prescription prepayment certificate |
| □ | G. has a valid War Pension exemption certificate |
| □ | H. is named on a current HC2 charges certificate |
| □ | K. gets Income Support or income-related Employment and Support Allowance |
| □ | L. is named on a current HC2 charges certificate |
| □ | E. has a valid medical exemption certificate |
| □ | F. has a valid prescription prepayment certificate |
| □ | G. has a valid War Pension exemption certificate |
| □ | H. is named on a current HC2 charges certificate |
| □ | K. gets Income Support or income-related Employment and Support Allowance |
| □ | L. is named on a current HC2 charges certificate |

**Where would you have gone if you hadn’t had this pharmacy first consultation today?**

Tick one option

- □ Gone to Hillside Bridge walk-in centre
- □ Bought product
- □ Done nothing
- □ Other .................................................................

**Would you recommend this service to your friends and family?**

- □ Yes
- □ No
- □ Not sure

**How did you hear about the Pharmacy First service?**

Tick one option below

- □ Used it before
- □ Informed by GP surgery
- □ Informed by NHS 111
- □ Poster
- □ Other .................................................................

**After receiving this service at the pharmacy today I feel more confident to manage my minor ailments without seeing a Doctor**

- □ Yes
- □ No
- □ Not sure
- □ Don’t know

**After receiving this service at the pharmacy today I feel that next time I have a minor ailment I plan to visit a pharmacy before contacting my GP surgery or the NHS 111 service**

- □ Yes
- □ No
- □ Not sure
- □ Don’t know

**I have received treatment and advice as overleaf. I agree the information can be shared with my GP as named overleaf and Bradford City CCG for audit and payment purposes.**

**Exemption declaration:** I declare that the information I have given on this form is correct and complete and 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 help prevent and detect fraud, I consent to the disclosure of relevant information on this form to appropriate NHS and governmental bodies.

**Patient Signature (or parent / guardian if under 16)**

**Pharmacist Declaration**

The above patient was accepted onto the Pharmacy First Service and was provided with advice, information leaflet and treatment as detailed on this form and in accordance with the Service Specification.

**Pharmacist Signature**

**This data needs to be entered onto PharmOutcomes as soon as possible and within 48 hours of the consultation.**

This form should be securely retained in the pharmacy for 6 months after the consultation after which time it should be shredded / treated as confidential waste.