

Community Pharmacy Inhaler Check-up Service
Follow-up Consultation Form

Pharmacist/Pharmacy Technician _____

Consultation date _____

Patient consent to share information with GP

To proceed with the service you must confirm that we can share relevant information with your GP

Patient signature: _____

About the patient

Name _____

Date of birth _____

Gender Male Female Prefer not to say

Ethnicity code _____

Address _____

Postcode _____

GP practice _____

Current diagnosis(es) COPD Asthma Unknown

Smoking status Smoker Prev. smoker <10 yrs Prev. smoker >10 yrs Never smoked

Current Care

Has GP or Nurse reviewed within 12 months? Yes No

Has asthma / COPD management plan in place? Yes No

Had flu jab this season? (add reminder) Yes No

Had COVID jab(s) Yes No

Been shown how to use device before? Yes No

What device(s) are the patient prescribed?

Accuhaler Forspiro Breezhaler Spiromax
 Easi-Breathe Easyhaler Ellipta Genuair
 HandiHaler MDI NEXThaler Respimat
 Spacer Turbohaler Zonda Other (specify)

Assessment

CAT / ACT score:

Device Use Assessment

Enter device name in row below (see example)

(enter Y or N or N/A in box as appropriate)		E.g. MDI + spacer			
Is initial observed technique good?		Yes			
Can the patient inhale quick and deep for DPI or slow and steady for aerosol devices?		Yes			
What problems were identified?	Use of device	NA			
	Management of condition	NA			
	Other (use notes below)	NA			
What actions were taken?	Advice on device	Yes			
	Support materials provided	Yes			
	Other advice /education	Yes			
	Other (use notes below)	NA			
Is final observed technique good?		Yes			

Is action by GP required? Yes No

Which inhaler(s)? _____

Action for GP: Consider change of device Consider Use of Spacer Consider further assessment

Reason for referral: _____

Date of pharmacy follow-up (6-8 weeks): _____

Additional notes: _____

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Pharmacist/Pharmacy Technician: _____

Consultation date _____

About the patient

Name _____

Has diagnosis changed?

No

Yes – COPD identified

Yes – Asthma

Has smoking status changed?

No

Yes – started smoking

Yes – stopped smoking

Current Care

What has happened to the patient's health or care since previous consultation?

No change

Other:

Has GP or Nurse reviewed within 12 months?

Yes No

Has asthma / COPD management plan in place?

Yes No

Had flu jab this season?

Yes No

What device(s) are the patient prescribed?

Accuhaler <input type="checkbox"/>	Forspiro <input type="checkbox"/>	Breezhaler <input type="checkbox"/>	Spiromax <input type="checkbox"/>
Easi-breathe <input type="checkbox"/>	Easyhaler <input type="checkbox"/>	Ellipta <input type="checkbox"/>	Genuair <input type="checkbox"/>
Handihaler <input type="checkbox"/>	MDI <input type="checkbox"/>	NEXThaler <input type="checkbox"/>	Respimat <input type="checkbox"/>
Spacer <input type="checkbox"/>	Turbohaler <input type="checkbox"/>	Zonda <input type="checkbox"/>	Other (specify) <input type="checkbox"/>

Assessment

CAT / ACT score:

Device Use Assessment

Enter Device name in row below

(enter Y or N or N/A in box as appropriate)					
Is initial observed technique today good?					
If initial technique not good	Does In-check indicate device is appropriate?				
	What problems were identified?	Use of device			
		Management of condition			
		Other (use notes below)			
	What actions were taken?	Advice on device			
		Support materials provided			
		Other advice /education			
		Other (use notes below)			
	Is final observed technique good?				

Is action by GP required? Yes No

Which inhaler(s)? _____

Action for GP:

Consider change of device

Consider use of Spacer

Consider further assessment

Reason for referral:

Additional notes:

National Ethnicity Codes

National code Z should be used where the person is given the opportunity to state their ethnic origin but choose not to.

Ethnicity codes are used anonymously to ensure that individual ethnic groups are not disadvantaged or excluded from services.

White

- A British
- B Irish
- C Any other White background

Mixed

- D White and Black Caribbean
- E White & Black African
- F White & Asian
- G Any Other mixed background

Asian or Asian British

- H Indian
- J Pakistani
- K Bangladeshi
- L Any other Asian Background

Black or Black British

- M Caribbean
- N African
- P Any other black background

Other Ethnic Groups

- R Chinese
- S Any other ethnic group

- Z Not stated