Leeds Pharmacy First Consultation Form (June 2023)

CPWY Community Pharmacy West Yorkshire
Working to represent, support and promote community pharmacy

Pharmacist name		GPhC number	
Consultation date	/ /	Consultation time	:
Patient's Name		Date of Birth	
Address			
Full Postcode		Gender	Male / Female
Ethnicity	GP Practice		**Must be a Leeds GP**

□ White - British
□ White – Irish
□ White – Gypsy or Irish Traveller
□ White - Other
□ Mixed - White and Black Caribbean
□ Mixed - White and Black African
□ Mixed - White and Asian
□ Mixed - Any other mixed background
□ Asian or Asian British - Indian
□ Asian or Asian British - Pakistani
□ Asian or Asian British - Bangladeshi
□ Asian or Asian British- Chinese
□ Asian or Asian British- Other
□ Black or Black British – African
□ Black or Black British - Caribbean
□ Black or Black British – Other
□ Arab
□ Any other ethnic group
□ Prefer not to say

Patient Eligibility (all must apply)

□ Patient present
□ Current minor ailment
□ Exempt from prescription charges
□ Leeds GP practice*
□ Consent to share details with GP*

**Note: the service may still be provided for a patient who is not registered with a GP. It should be recommended to the patient that they register with a GP as soon as possible. When entering the patient's details on PharmOutcomes, use the "not registered" option for their GP*

Consultation

Consultation Location ☐Consultation room ☐ Another area of the pharmacy ☐ Over the telephone

Indication for advice / treatment (tick one only)

□ Viral symptoms with cough
□ Viral symptoms **without** cough
□ Cough only
□ Fever only (no other viral symptoms)
□ Sore throat only
□ Blocked nose
□ Sprain or strain
□ Head lice
□ Earache
□ Hay fever
□ Allergy symptoms (skin)
□ Fungal skin infection
□ Teething
□ Rash/dermatitis (not allergic or fungal)
□ Vaginal thrush
□ Oral thrush
□ Headache/migraine
□ Pain (musculoskeletal)
□ Dehydration
□ Scabies
□ Pain (dental)
□ Pain (back pain)
□ Pain (other)
□ Threadworms
□ Indigestion
□ Other (state)

Second indication (only if applicable) *State from list above*

Information and advice provided

Verbal advice provided

(tick all that apply)

□ Symptoms (expected duration, what's normal)
□ Self-care messages
□ Antibiotic stewardship

Printed information should be provided to **all** patients

Printed information supplied about ailment

□ Treating Your Infection Patient Leaflet
□ NHS Choices information prescription
□ Caring For Children With Coughs Leaflet
□ Pharmacy First Cough leaflet / Easy read cough
□ Pharmacy First Antibiotic / Easy read antibiotic
□ Patient.co.uk health Information sheet
□ Leeds Head Lice information leaflet
□ Printed information not appropriate / suitable (state why)
□ Other ……(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 Tablets 4 mg (28)
□ Clotrimazole 500mg pessary (1)
□ Clotrimazole cream 1% (20g)
□ Fluconazole 150 mg Cap (1)
□ Hydrocortisone 1% Cream (15g)
□ Hedrin 50ml x ____
□ Hedrin 150ml x ____
□ Head lice detection comb
□ IbuprofenSusp 100mg/5ml (100ml) SF
□ Ibuprofen tablets 200mg (24)
□ Ibuprofen tablets 400mg (24)
□ Lidocaine alone or with Cetalkonium/
□ Cetylpyridinium teething gel (10/15g)
□ Mebendazole suspension (30ml)
□ Mebendazole 100mg tablet (1)
□ Mebendazole 100mg tablet (4)
□ Miconazole oral gel SF 2% (15g)
□ Oral rehydration sachets (6)
□ Paracetamol 500 mg Tablets (32)
□ Paracetamol Susp SF 120 mg / 5 ml (100ml) SF
□ Paracetamol Susp SF 250 mg / 5 ml (100ml) SF
□ Permethrin 5% Cream (30g)
□ Sodium chloride 0.9% nasal drops (10ml)
□ Sodium cromoglicate 2% eye drops (10ml)
□ Acetic acid 2% ear spray (5ml)
□ Urea hydrogen peroxide 5% ear drops (8ml)
□ Olive oil ear drops (10ml)
□ Chloramphenicol 0.5% eye drops (10ml)
□ Chloramphenicol 1% eye ointment (4g)

Referral

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

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

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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

Pharmacist to complete
Evidence of exemption seen: Yes No

- □ A. Is 60 years of age or over; or is under 16 years of age
- □ B. is 16, 17 or 18 years of age and in full time education
- □ D. Maternity exemption certificate
- □ E. Medical exemption certificate
- □ F. Prescription prepayment certificate
- □ G. Prescription exemption certificate issued by Ministry of Defence.
- □ L. HC2 (full help) certificate
- □ H. Income Support or Income-related Employment and Support Allowance
- □ K. Income-based Jobseeker's Allowance
- □ M. Tax Credit Exemption Certificate
- □ S. Pension Credit guarantee credit (including partners)
- □ U. Universal credit and meets the criteria

Where would you have gone if you hadn't had this pharmacy first consultation today?
Tick one option

□ GP
□ Accident and Emergency (A+E)
□ Called NHS 111
□ Contacted Out-of-Hours GP
□ Bought product
□ Done nothing
□ Other ……

Would you recommend this service to your friends and family?

□ Yes □ No □ Not sure

Who advised you to attend the pharmacy for Pharmacy First today? Tick one option below

□ GP Practice
□ Pharmacy Staff
□ NHS 111
□ Friend / relative
□ I have used the service before
□ 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

Next time you are suffering from the same symptoms will you:

□ Come to the pharmacy for free advice and buy the product
□ Come to the pharmacy for Pharmacy First
□ Go to my GP
□ Other (please state)

I have received treatment and advice as overleaf. I agree the information can be shared with my GP as named overleaf and the NHS ICB in Leeds for audit and pharmacy 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)	**Date**

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	**Date**

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.

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