

Consultation Form – Leeds Pharmacy Access to Self-Care Service (ASC)

Pharmacist name		GPhC number	
Consultation date	/ /	Consultation time	:
Patient's Name			Date of Birth
Address			
Full Postcode		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity	GP Practice <input type="checkbox"/>	Must be a Leeds GP	
<input type="checkbox"/> White - British <input type="checkbox"/> Mixed - Any other mixed background <input type="checkbox"/> Black or Black British – African <input type="checkbox"/> White – Irish <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> White – Gypsy or Irish Traveller <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Black or Black British – Other <input type="checkbox"/> White - Other <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Arab <input type="checkbox"/> Mixed - White and Black Caribbean <input type="checkbox"/> Asian or Asian British- Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Mixed - White and Black African <input type="checkbox"/> Asian or Asian British- Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Mixed - White and Asian			
Patient Eligibility (all must apply)			
<input type="checkbox"/> Patient present <input type="checkbox"/> Exempt from prescription charges <input type="checkbox"/> Consent to share details with GP* <input type="checkbox"/> Current minor ailment <input type="checkbox"/> Leeds GP practice*			
<i>*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</i>			
Consultation			
Consultation Location		<input type="checkbox"/> Consultation room <input type="checkbox"/> Another area of the pharmacy <input type="checkbox"/> Over the telephone	
Indication for advice / treatment (tick one only)			
<input type="checkbox"/> Viral symptoms with cough <input type="checkbox"/> Head lice <input type="checkbox"/> Rash/dermatitis (not allergic or fungal) <input type="checkbox"/> Pain (dental) <input type="checkbox"/> Viral symptoms without cough <input type="checkbox"/> Earache <input type="checkbox"/> Vaginal thrush <input type="checkbox"/> Pain (back pain) <input type="checkbox"/> Cough only <input type="checkbox"/> Hay fever <input type="checkbox"/> Oral thrush <input type="checkbox"/> Pain (other) <input type="checkbox"/> Fever only (no other viral symptoms) <input type="checkbox"/> Allergy symptoms (skin) <input type="checkbox"/> Headache/migraine <input type="checkbox"/> Threadworms <input type="checkbox"/> Sore throat only <input type="checkbox"/> Fungal skin infection <input type="checkbox"/> Pain (musculoskeletal) <input type="checkbox"/> Indigestion <input type="checkbox"/> Blocked nose <input type="checkbox"/> Sprain or strain <input type="checkbox"/> Teething <input type="checkbox"/> Dehydration <input type="checkbox"/> Scabies <input type="checkbox"/> Other (state)			
Second indication (only if applicable)		<i>State from list above</i>	
Information and advice provided		Printed information should be provided to all patients	
Verbal advice provided		Printed information supplied about ailment	
<i>(tick all that apply)</i> <input type="checkbox"/> Symptoms (expected duration, what's normal) <input type="checkbox"/> Self-care messages <input type="checkbox"/> Antibiotic stewardship		<input type="checkbox"/> Target leaflet - Treating Your Infection <input type="checkbox"/> Self-Care Forum Factsheets <input type="checkbox"/> Caring For Children with Coughs Leaflet <input type="checkbox"/> Directed to West Yorkshire Healthier Together Website <input type="checkbox"/> Leeds Head Lice leaflet <input type="checkbox"/> Leeds Scabies leaflet <input type="checkbox"/> Printed information not appropriate / suitable (state why)	
Medication supplied			
<input type="checkbox"/> Acetic acid 2% ear spray (5ml) <input type="checkbox"/> Head lice detection comb <input type="checkbox"/> Miconazole oral gel SF 2% (15g) <input type="checkbox"/> Beclometasone 50 mcg nasal spray (200) <input type="checkbox"/> Hedrin 150ml x _____ <input type="checkbox"/> Olive oil ear drops (10ml) <input type="checkbox"/> Cetirizine 10mg tablets (30) <input type="checkbox"/> Hedrin 50ml x _____ <input type="checkbox"/> Oral rehydration sachets (6) <input type="checkbox"/> Cetirizine solution 5mg/5ml (200ml) SF <input type="checkbox"/> Hydrocortisone 1% Cream (15g) <input type="checkbox"/> Paracetamol Susp SF 120 mg / 5 ml (100ml) SF <input type="checkbox"/> Chloramphenicol 0.5% eye drops (10ml) <input type="checkbox"/> Ibuprofen SF 100mg/5ml (100ml) SF <input type="checkbox"/> Paracetamol Susp SF 250 mg / 5 ml (100ml) SF <input type="checkbox"/> Chloramphenicol 1% eye ointment (4g) <input type="checkbox"/> Ibuprofen tablets 200mg (24) <input type="checkbox"/> Permethrin 5% Cream (30g) <input type="checkbox"/> Chlorphenamine Syrup (150 ml) SF <input type="checkbox"/> Ibuprofen tablets 400mg (24) <input type="checkbox"/> Pseudoephedrine 60mg tablets (12) <input type="checkbox"/> Chlorphenamine Tablets 4 mg (28) <input type="checkbox"/> Teething gel (10g) <input type="checkbox"/> Sodium chloride 0.9% nasal drops (10ml) <input type="checkbox"/> Clotrimazole 500mg pessary (1) <input type="checkbox"/> Mebendazole 100mg tablet (1) <input type="checkbox"/> Sodium cromoglicate 2% eye drops (10ml) <input type="checkbox"/> Clotrimazole cream 1% (20g) <input type="checkbox"/> Mebendazole 100mg tablet (4) <input type="checkbox"/> Urea hydrogen peroxide 5% ear drops (8ml) <input type="checkbox"/> Fluconazole 150 mg Cap (1) <input type="checkbox"/> Mebendazole suspension (30ml)			
Referral		Outcome of consultation	
<input type="checkbox"/> None required <input type="checkbox"/> In-hours usual care to GP <input type="checkbox"/> Urgent (via telephone) to GP <input type="checkbox"/> Urgent (via telephone) to NHS 111 <input type="checkbox"/> Other		<input type="checkbox"/> Advice only <input type="checkbox"/> Advice and medication supply <input type="checkbox"/> Non-urgent referral with advice <input type="checkbox"/> Non-urgent referral with advice and treatment <input type="checkbox"/> Urgent referral	
Details of urgent referral (e.g. who called, date and time of appointment):			

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Patient Declaration – To be completed by the patient

- Under 16 years **AND** at least 1 parent/carer qualifies for income-based prescription exemption.
- 60 years of age or over
- Is 16, 17 or 18 years of age and in full time education
- Maternity exemption certificate
- Medical exemption certificate
- Has valid War Pension exemption certificate
- HC2 (full help) certificate
- Income Support or Income-related Employment and Support Allowance
- Income-based Jobseeker’s Allowance
- Tax Credit Exemption Certificate
- Pension Credit guarantee credit (including partners)
- Universal credit and meets the criteria
- Homeless, an asylum seeker or refugee

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

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

Would you recommend this service to your friends and family?

- Yes No Not sure

Who advised you to attend the pharmacy for the ASC service today?

- GP Practice Friend / relative
- Pharmacy Staff I have used the service before
- NHS 111 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 ASC
- 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 Leeds ASC 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.