

Pharmacist Consultation Record (Sheffield Minor Ailments Scheme)

Date of Consultation:				Patient Registration Number (as obtained from NHS Sheffield On-line Reporting System):	
Time of Consultation:		___ AM / ___ PM			
Patient Details:					
Name					
Address				Post code (first part) S ___	
Date of Birth					
Registered GP Practice					
Gender		Male		Female	Unspecified
Exemption Information:			Evidence Seen?		YES / NO
I am exempt from paying prescription charges for the following reason:					
A. is under 16			G. has a valid War Pension Exemption Certificate		
B. is 16, 17, 18 and in full time education			H. gets Income Support or income related Employment and Support Allowance		
C. is 60 or over			K. gets Income-Based Job Seeker's Allowance		
D. has a valid Maternity Exemption Certificate			L. is named on a current HC2 Charges Certificate		
E. has a valid Medical Exemption Certificate			M. is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate		
F. has a valid Prescription Pre-payment Certificate			S. has a partner who gets Pension Credit guarantee credit (PCGC)		
			X. was prescribed free-of-charge contraceptives		N/A
I am the patient			I am the patient's representative		
Patient Declaration (please tick which applies):					
		I have received the above medicine(s) and am exempt from charges for the reason specified above. I understand this is an NHS service and that NHS will retain data relating to my use of the service and may contact me for my views.			
		I have consulted the pharmacist under the Minor Ailments Scheme, am exempt from charges and confirm that no medicines have been issued to me on this occasion. I understand this is an NHS service and that the NHS will retain data relating to my use of the service and may contact me for my views.			
Signature				Name	
Date					
I am the patient			I am the patient's representative		

Medical Information - FOR PHARMACY CLINICAL RECORDING PURPOSES ONLY:					
Symptoms:					
Diagnosis:					
How long has the person had these symptoms?					
Has the person tried taking any medication yet?					
If so, what medication has been tried?					
Does the person suffer from any existing medical conditions?				Allergies	
If so, what are they?					
What medication is being prescribed by the doctor for these conditions?					
Healthy Lifestyle Advice:	Diet and Nutrition		Alcohol		Coronary Heart Disease
	Smoking		Sexual Health		Not Applicable
	Physical Activity		Diabetes		
	Weight Management		High Blood Pressure		
Details of Consultation:					
Advice Given					
Product(s) Supplied or Recommended (if any)				Quantity	
Dose Recommended					
Was the patient signposted to another health care professional?					
If yes, to who?					
Pharmacist Declaration:					
		I confirm that I have provided appropriate advice / treatment for the patient named overleaf under the Sheffield Minor Ailments Scheme in accordance with the Service Specification *			
Name					
Signature					
Date					

- **NB: One form represents a consultation which may include advice and treatment for more than one condition as necessary.**
- **Please retain these records for two years from the date of the consultation and make available to NHS Sheffield if requested.**