

Pharmacy First Consultation Form



Patient details

Name	<input type="text"/>		
DOB	<input type="text"/>	NHS number	<input type="text"/>
Address	<input type="text"/>		
Phone	<input type="text"/>	Email	<input type="text"/>

GP practice details (name, address, ODS code)

Referral information

Referral source (e.g., NHS 111, general practice, UEC)	<input type="text"/>		
Referral date	<input type="text"/>	Referral time	<input type="text"/>
Reason for referral	<input type="text"/>		
Person referral ref	<input type="text"/>	Urgency	<input type="text"/>

Consultation details

Date	<input type="text"/>	Time	<input type="text"/>
Location (Pharmacy ODS code)	<input type="text"/>		

Clinical assessment

Presenting condition (including symptoms / duration)

Relevant medical history

Allergy status

Current medication

Outcome of consultation

Advice given to the patient (including treatment provided (include medication name, dose, quantity), self-care recommendations. Any medication supplied and any referral to other services, if applicable)

Prescription charges

Charge collected

Yes

No

Exemption category (if applicable)

Record of verbal consent

Confirmation of patient record access (GP Connect Access Record, National Care Record)

Clinical summary/narrative

Follow-up actions or plans

Gateway criteria met

Yes

No

Pharmacy actions post-consultation

Record of advice or information provided to the patient for future self-care

Documentation of any onward referrals

Recorded in PMR

Yes

No

Please ensure this form is discarded in the confidential waste after it has been entered into the PMR system