

**Patient Details:**

Forename: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_  
 Surname : \_\_\_\_\_ Sex : M / F  
 Address : \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Name GP Practice: \_\_\_\_\_  
 Address GP Parctice: \_\_\_\_\_  
 Ethnicity \_\_\_\_\_ (See Pharmoutcomes for the categories)

**Consent for Data Sharing**

I am happy to share the data regarding this service with other providers of the service and the NHS for commissioning purposes. Yes  No   
*Service can not proceed without this consent*

**Consultation Record:**

Patient is present during consultation	<b>Yes / No</b>	<i>If no, please state reason</i>
Time of Consultation	Before 8am <input type="checkbox"/> 8am-12pm <input type="checkbox"/> 12pm-2pm <input type="checkbox"/> 2pm-4pm <input type="checkbox"/> 4pm-6pm <input type="checkbox"/> 6pm-8pm <input type="checkbox"/> 8pm-10pm <input type="checkbox"/> After 10pm <input type="checkbox"/>	
Person Conducting Consultation & Role in Pharmacy		
Time Taken for Consultation		

**Consultation Notes, Diagnosis & Products Given**

Clinical Observations (presenting symptoms, history, previous treatment attempts, any examination performed etc)

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Diagnosis & Products Given

**Service Accessibility:**Have you accessed the service before Yes  No 

Where did you hear of the service

GP  111  Friends & Family  Advert  Leaflet  Pharmacy   
Other  (Please State)

If this service was not available, where would you have gone

GP  00H  A&E  Walk In Centre  Purchase   
Other  (Please State)**Pharmacist Details :**

Name :

*Pharmacy Stamp*

GPHC No:

Signature :

Date:

**Don't pay – Indicate exemption category (put X mark):**

- |   |                          |   |
|---|--------------------------|---|
| A | <input type="checkbox"/> | is under 16 years of age  |
| B | <input type="checkbox"/> | is 16 , 17 or 18 and in full time education                               |
| C | <input type="checkbox"/> | is 60 years of age or over  |
| D | <input type="checkbox"/> | has a maternity exemption certificate                                     |
| E | <input type="checkbox"/> | has a medical exemption certificate                                       |
| F | <input type="checkbox"/> | has a prepayment prescription certificate                                 |
| G | <input type="checkbox"/> | has a valid War Pension exemption certificate                             |
| L | <input type="checkbox"/> | is named on a current HC2 charge certificate                              |
| H | <input type="checkbox"/> | gets income support   |
| K | <input type="checkbox"/> | gets income based job seekers allowance (JSA(1B))                         |
| M | <input type="checkbox"/> | is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate |
| S | <input type="checkbox"/> | has a partner who gets Pension Credit guarantee credit (PCGC)             |

**Payment – I have paid £**I am the: patient  patient's representative   
child accompanied by representative 

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

Address if different from above:

\_\_\_\_\_  
\_\_\_\_\_**For pharmacy use only**Cross if evidence of exemption not seen?