

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
<p>I am happy to share the data regarding this service with other providers of the service and the NHS for commissioning purposes. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: right; font-size: small;"><i>Service can not proceed without this consent</i></p>

Consultation Record:		
Patient is present during consultation	Yes / No	<i>If no, please state reason</i>
Time of Consultation		
Person Conducting Consultation & Role in Pharmacy		
Time Taken for Consultation		

Consultation Notes, Diagnosis & Products Given
<p>Clinical Observations (presenting symptoms, history, previous treatment attempts, any examination performed etc)</p>
<p>Diagnosis & Products Given</p>

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?