

**Patient Details:**

Forename: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_  
Surname : \_\_\_\_\_ Sex : M / F  
Address : \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_  
Name GP Practice: \_\_\_\_\_  
Address GP Practice: \_\_\_\_\_  
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            | Yes / No  | If no, please state reason |
|---|---|----------------------------|
| Time of Consultation                              | Before 8am <input type="checkbox"/> 8am-12pm <input type="checkbox"/> 12pm-2pm <input type="checkbox"/> 2pm-4pm <input type="checkbox"/><br>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)

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 :      | <i>Pharmacy Stamp</i> |
| 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? ☐