

Minor Ailment Consultation Form – Please transfer data to Pharmoutcomes for recording and payment

Client's name		GP Practice Name <i>must be registered with a SOTON GP Practice</i>	
Address and postcode	Patient <input type="checkbox"/> in attendance		
TO BE COMPLETED BY THE PHARMACIST			
Date of Consultation		Self-referral – client would have used alternative provider	Referral from 111
			GP Practice referral
Patients are only eligible for this service if they are entitled to free prescriptions, registered with a Southampton GP Practice and would have attended an alternative provider			
Presenting Symptoms (Ailment)			
Action Taken:			
Advice Only <input type="checkbox"/> Advice and supply of medicines <input type="checkbox"/> GP for non-urgent referral <input type="checkbox"/> Urgent GP Referral <input type="checkbox"/> A&E <input type="checkbox"/> Dentist <input type="checkbox"/> 111 <input type="checkbox"/> Other <input type="checkbox"/>			
Treatment supplied – please give product details			
Product	Strength	Quantity	Cost
If had not used MAS, would have:			
Gone to GP <input type="checkbox"/> Gone to A&E <input type="checkbox"/> Gone to Walk in Centre <input type="checkbox"/> Other <input type="checkbox"/> <i>Please specify</i>			
Comments (please include feedback and any patient comments):			
Pharmacy Details			
Responsible Pharmacist's Name		Responsible Pharmacist's Signature	