



# County Durham & Darlington Local Pharmaceutical Committee

## Minor Ailments Scheme

### Consultation and Patient Consent Form (Version 2)

Consultation Date:

Patient Name:

Patient Address inc. postcode:

Date of Birth:

NHS Number (if known):

Gender: Male/Female/Transgender

Ethnicity:

GP Practice:

Pharmacist:

Method of referral into service:

- GP Practice
- Pharmacy Team
- Patient self-referral
- Out of Hours
- Other (Please specify below)

Presenting symptom:

Medicine(s) Supplied and Quantity:

Presenting Symptom:

Medicine Supplied and Quantity:

### Referral Information

*Referral required? Yes/No*

*Referred into?*

- No referral necessary – Advice only
- GP within 24 Hours
- GP referral – non urgent
- A & E
- Dentist
- Other (Please specify below):

**Further Information**

If this service was not available where would the patient have gone?:

- Would have gone to GP
- Would have gone to A & E
- Would have gone to Walk in Centre
- I would have purchased a product
- Other(please specify below):

**Patient Feedback**

**We want to capture some patient feedback regarding their experience of this service today. How does the patient rate this service?**

- Excellent
- Good
- Satisfactory
- Poor

**PATIENT TO COMPLETE**

I have been supplied, without charge, the medication as written on the front of this prescription form

<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</b>	
<b>E</b>	
<b>F</b>	
<b>G</b>	
<b>H</b>	
<b>M</b>	
<b>S</b>	
<b>K</b>	
<b>L</b>	

- Is under 16 years of age
- Is 16, 17 or 18 **and** in full time education
- Is 60 years of age or over
- Has a current maternity exemption certificate
- Has a medical exemption certificate
- Has a current prescription pre-payment certificate
- Has a War/MoD exemption certification number \_\_\_\_\_ please state
- \*Gets Income Support (give details of person receiving benefit)
- \*Is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
- \*has a partner who receives Pension Credit guarantee credit
- \*Gets Income Based Jobseeker’s Allowance
- Is named on current HC2 charges certificate

Name (Please print)

Date of birth

\*print the name of the person (either you or your partner) who receive IS, JSA or Tax Credit

To ensure that we provide you with the best possible service we need to share details of this consultation, and any supply, with other pharmacy providers of the service, your GP and other NHS bodies. Do you consent to this? **Yes/No**

Patient’s signature:.....

Date:.....

**Important note to pharmacy:** Patients who do not consent to the sharing of information are NOT eligible for consultation/supply under this Minor Ailments Scheme. When entering the information on to PharmOutcomes the system will ask for confirmation of patient consent. If the pharmacy is unable to provide that confirmation a claim for the consultation and supply cannot be submitted.