NHS Pharmacy First Scotland Consultation Form

PATIENT DETAILS	Title	Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other
Name						
Address						
Postcode						
Date of Birth		CHI number (if known)				
GP Practice		Known allergies				

CONSULTATION DETAILS e.g. presenting complaint(s) – symptoms, duration, actions already taken, other current medication?	

OUTCOME OF CONSULTATION			
Advice only ☐	Details	Advice only ☐	Details
OTC sale ☐		OTC sale ☐	
UCF MAS ☐		UCF MAS ☐	
UCF PGD ☐		UCF PGD ☐	
Refer ☐		Refer ☐	

Recorded on PMR ☐	Initials	Date

Please discard in confidential waste once entered on PMR

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