

## NHS Pharmacy First Scotland Consultation Form



PATIENT DETAILS	Title	Mr	Mrs	Miss	Ms	Other						
Name												
Address												
Postcode												
Date of Birth	1		CHI	CHI number (if known)								
GP Practice				Known allergies								
CONSULTATION DETAILS e.g. presenting complaint(s) – symptoms, duration, actions already taken, other current medication?												
OUTCOME			ION									
Advice only	Deta	ils	Adv	ice only 🗌	Details							
OTC sale			ОТО	Sale								
UCF MAS			UCF	MAS _								
UCF PGD			UCF	PGD								
Refer			Refe	er 🗌								
Recorded o	n PMR		Initia	als	Date							



## NHS Pharmacy First Scotland Consultation Form



PATIENT T DETAILS	itle	Mr	Mrs	Miss	Ms [	_ C	ther				
Name											
Address											
Postcode											
Date of Birth	С	CHI number (if known)									
GP Practice	K	Known allergies									
CONSULTATION DETAILS e.g. presenting complaint(s) – symptoms, duration, actions already taken, other current medication?											
OUTCOME C	F CON Deta		TION		Tr	etails	<b>.</b>				
Advice only	Deta	115	Α	dvice only [		etans					
OTC sale			С	TC sale							
UCF MAS			U	ICF MAS							
UCF PGD			U	ICF PGD							
Refer			R	efer							
Recorded on P	MR		Ir	nitials		ate					