



MINOR AILMENTS RECORD OF GROUP CONSULTATION WITH THE PHARMACIST

To be used for 'multiple consultations' e.g. headlice or threadworms

Date		Source of referral			
Patient Name	1.	2.	3.	4.	
Address					
Age if under 17					
Symptoms					
Duration of symptoms					
Existing Medical conditions which may impact on treatment					

Outcome:

	Patient 1	Patient 2	Patient 3	Patient 4
Product supplied Affix label				
Product supplied Affix label				
Advice				
Referral to GP				
Pharmacy Voucher No				
Patient/Parent or guardian consent for treatment				
Patient/Parent or guardian sharing of information				

Pharmacist Declaration. I have provided this service according to the Service Specification for the NI Minor Ailments Service
Signature Print Name