

Sonar Pharmacy First Blank Form

*Indicates sections that must be completed

Patient's details																											
First name*																											
Surname*																											
Address*																											
Postcode*																											
Telephone																											
Ethnicity																											
Date of birth*											NHS No.																
GP practice*																											

Consent																							
Date*											Time												
Patient has given consent?*	<input type="radio"/> Yes <input type="radio"/> No										(If yes, please specify Consent given by e.g. Patient)												
Consent for updating GP Record?	<input type="radio"/> Yes <input type="radio"/> No																						
Service*	<input type="radio"/> Emergency Supply <input type="radio"/> Minor Ailment <input type="radio"/> Clinical Pathway										If Clinical Pathway <input type="radio"/> Acute Sore Throat <input type="radio"/> Impetigo <input type="radio"/> Infected Insect Bites <input type="radio"/> Acute Otitis Media (F2F only) <input type="radio"/> Shingles <input type="radio"/> Sinusitis <input type="radio"/> Uncomplicated UTI												
Emergency Supply or GP																							
Referred by:	<input type="radio"/> NHS 111 <input type="radio"/> GP										Case Reference: Case ID: Disposition Code: Comments:												
Gateway Criteria (Clinical Pathway Only)																							
Gateway criteria met*	<input type="radio"/> Yes <input type="radio"/> No										Yes, continue to assessment No, make appropriate referral or self-care advice												

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Assessment												
Date*										Time		
Consultation Type*	<input type="radio"/> Face to face <input type="radio"/> Telephone <input type="radio"/> Telemedicine											
Reason for request* (Emergency Supply only)	<input type="radio"/> Patient had not ordered their prescription <input type="radio"/> Patient had ordered their prescription but it was not ready <input type="radio"/> Patient has lost prescription form <input type="radio"/> Patient has lost or misplaced the medicine(s) or appliance(s) <input type="radio"/> Patient was not able to collect the medicine(s) or appliance(s) from their usual pharmacy <input type="radio"/> Patient is away from home <input type="radio"/> Other											
Is there an electronic prescription outstanding for this patient?*(Emergency Supply only)	<input type="radio"/> Yes <input type="radio"/> No											
Symptoms*							How long had symptoms?*	<input type="radio"/> Less than 24h <input type="radio"/> 24 – 72h <input type="radio"/> More than 72h				
Presenting Complaint(s)*												
Is the patient pregnant?*	<input type="radio"/> Yes <input type="radio"/> No						Is the patient breastfeeding? *	<input type="radio"/> Yes <input type="radio"/> No				
Any declared allergy?*												
Existing medical conditions?												
Actions taken to date?*												
Medications been taken?												
CKS Checked?*	<input type="radio"/> Yes <input type="radio"/> No						NCRS/GP Record checked?*	<input type="radio"/> Yes <input type="radio"/> No				
Have any red flags been identified?*	<input type="radio"/> Yes <input type="radio"/> No						(Describe details including any action taken)					

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Outcomes									
Date*								Time	
Consultation outcome*	<ul style="list-style-type: none"> <input type="radio"/> Advice given <ul style="list-style-type: none"> <input type="radio"/> Advice only <input type="radio"/> Advice and Sale of Medicine <input type="radio"/> Advice and Referral to MAS <input type="radio"/> Sign-posted <ul style="list-style-type: none"> <input type="radio"/> Non-urgent: 111 <input type="radio"/> Non-urgent: GP <input type="radio"/> Non-urgent: Nurse, dentist, physiotherapist etc <input type="radio"/> Escalation <ul style="list-style-type: none"> <input type="radio"/> Urgent: 111 Clinical Hub on 111*8 <input type="radio"/> Urgent: 999 <input type="radio"/> Urgent: NHS Walk-in <input type="radio"/> Urgent: A&E <input type="radio"/> Supply of medicine <input type="radio"/> Other 								
Supply Type*	<ul style="list-style-type: none"> <input type="radio"/> Clinical Pathway (National PGD) Confirm inclusion and exclusions <input type="radio"/> Sale of an Over the Counter (OTC) <input type="radio"/> Local Minor Ailments (MAS) <input type="radio"/> Locally commissioned NHS service, such as PGD <input type="radio"/> Other..... 								
If medicine supplied	Product: Supplier: Pack Size: Qty: Dose: Duration: Medication start date: Additional Instructions:	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No Supp: [A] Controlled drug <input type="radio"/> No Supp: [B] EPS prescription dispensed for patient <input type="radio"/> No Supp: [C] Pharmacist determined that supply not necessary <input type="radio"/> No Supp: [D] Item not in stock <input type="radio"/> No Supp: [E] Patient or representative did not make contact and pharmacy unable to make contact <input type="radio"/> No Supp: [F] Patient bought the item <input type="radio"/> No Supp: [B] Other..... 							
Does the patient pay for prescriptions? (Emergency Supply only)	<input type="radio"/> Yes <input type="radio"/> No	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No: [A] Under 16 years of age <input type="radio"/> No: [B] 16, 17 or 18 in full-time education <input type="radio"/> No: [C] 60 years of age or over <input type="radio"/> No: [D] Valid maternity exemption certificate <input type="radio"/> No: [E] Valid medical exemption certificate <input type="radio"/> No: [F] Valid prescription pre-payment certificate <input type="radio"/> No: [G] Valid war pension exemption certificate <input type="radio"/> No: [L] Named on a current HC2 charges certificate <input type="radio"/> No: [X] Was prescribed free-of-charge contraceptives <input type="radio"/> No: [H] Income support or income-related employment and support allowance <input type="radio"/> No: [K] Income-based jobseeker's allowance <input type="radio"/> No: [M] Entitled to, or named on, a valid NHS Tax credit exemption certificate <input type="radio"/> No: [S] Has a partner who gets pension credit guarantee credit (PCGC) 							
Advice/Support Provided*	<ul style="list-style-type: none"> <input type="radio"/> How to best manage their condition <input type="radio"/> Advice on how to take medicine <input type="radio"/> Advice on action to take if symptoms get worse <input type="radio"/> Patient signposted to electronic information resource <input type="radio"/> Printed leaflet supplied <input type="radio"/> Managing future minor illnesses (It is not always necessary to call NHS 111) <input type="radio"/> Other 								

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Person advised*	<input type="radio"/> Patient <input type="radio"/> Patient's advocate	
Worsening advice given*	<input type="radio"/> Yes <input type="radio"/> No	
Consultation notes (clinical narrative)		
Signposting/referral required?*	<input type="radio"/> Yes <input type="radio"/> No	Urgency: Signposted/Referred to: Reason:
Observations (Clinical Measures)	BMI Reading Height (cm): Weight (kg): Blood Pressure Reading Systolic (mmHg): Diastolic (mmHg): Site (L or R arm): Pulse Rate (bpm): Temperature (oC): Sex: Any additional observations:	
Is GP Notification Required?*	<input type="radio"/> Yes <input type="radio"/> No	
Time taken to complete consultation	Patient facing time: Non-patient facing time:	
Person providing the service*	Full name: Professional role: Professional code:	