**NHS Community Pharmacist Consultation Service - Notification of low acuity/minor illness consultation to patient’s general practice**

| To (GP practice name) |  |
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| Patient’s details: | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | |
| Date of birth | / / | NHS number |  |  |  |  |  | |  |  |  |  |  |  |  |
| Following a low acuity/minor illness referral to the pharmacy, this patient had a consultation with a pharmacist at this pharmacy on: / / | | | | | | | | | | | | | | | |
| Support has been given to the patient following an assessment of their needs with the information available to the pharmacist at the time.  Details of support or advice provided and any additional information for the general practice: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Details of any medicines or appliances supplied: | | | | | | | | Quantity: | | | | | | | |
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| --- | --- | --- | --- |
| Pharmacy name |  | Telephone |  |
| NHSmail address |  | | |
| Address |  | | |

**CONFIDENTIAL**