

# 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:

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Details of any medicines or appliances supplied:	Quantity:

Pharmacy name		Telephone	
NHSmail address			
Address			