**COMMUNITY PHARMACY REFERRAL FORM**

THIS PATIENT HAS PRESENTED AT A COMMUNITY PHARMACY

**SITUATION**

A community pharmacist referral of a patient to **GP Practice Team**

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| **Patient Name:****Address:****DOB:** |

**BACKGROUND**

This patient consulted with the pharmacist and presented with the following symptoms/conditions.

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**ASSESSMENT**

The pharmacist’s assessment.

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**RECOMMENDATION**

Self-care advice given to patient.

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The pharmacist recommends that this patient be seen by a GP or appropriate clinician as an urgent appointment.

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| Referring Pharmacist Name:Date:Pharmacy Stamp: |