**COMMUNITY PHARMACY REFERRAL FORM**

THIS PATIENT HAS PRESENTED AT A COMMUNITY PHARMACY

**SITUATION**

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

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

**BACKGROUND**

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

|  |
| --- |
|  |

**ASSESSMENT**

The pharmacist’s assessment.

|  |
| --- |
|  |

**RECOMMENDATION**

Self-care advice given to patient.

|  |
| --- |
|  |

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

|  |
| --- |
| Referring Pharmacist Name:  Date:  Pharmacy Stamp: |