

## Appendix 4 - Notification Of Assessment and Supply From Community Pharmacy

### CONFIDENTIAL WHEN COMPLETED

Data protection confidentiality note: this message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

GP name		Pharmacy Stamp
GP practice address		
The following patient has attended this pharmacy for assessment and potential treatment of UTI:		
Patient name		
Date of birth/CHI		
Patient address		
Postcode		
		Pharmacist name
		GPhC number
		Date

Following assessment (Tick as appropriate)

<b>Presenting symptoms</b>			
Dysuria <input type="checkbox"/>	Urgency <input type="checkbox"/>	Haematuria <input type="checkbox"/>	
Frequency <input type="checkbox"/>	Polyuria <input type="checkbox"/>	Suprapubic tenderness <input type="checkbox"/>	
<b>Urine dipstick results (optional)</b>			
Nitrite '+ve' <input type="checkbox"/>	Leucocyte '+ve' <input type="checkbox"/>	Blood '+ve' <input type="checkbox"/>	Not taken <input type="checkbox"/>
Your patient has been given a 3 day course of:	Trimethoprim 200 mg tablets		<input type="checkbox"/>
	Nitrofurantoin 100 mg MR capsules		<input type="checkbox"/>
	Nitrofurantoin 50 mg tablets		<input type="checkbox"/>
Your patient is unsuitable for treatment via PGD for the following reasons and has been referred:			<input type="checkbox"/>
<b>Follow up by GP practice required for the following reasons:</b>			<input type="checkbox"/>

Your patient has been advised to contact the practice if symptoms fail to resolve following treatment. You may wish to include this information in your patient records.

**Patient consent:** I can confirm that the information is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of NHS Pharmacy First Scotland to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service but this will be totally anonymous and not be attributable to any individual patient.

Patient signature	Date

This form should now be sent to the patient's GP and a copy retained in the pharmacy.