

NHS GGC COMMUNITY PHARMACY TO OUT OF HOURS SERVICE REFERRAL TEMPLATE

Referring Pharmacist please complete **ALL** details and send with patient. Thank you.

Date:	Time:
Patient Name: Patient Address: Patient DOB: Patient Contact Tel No:	
Patient's own GP Name: GP Surgery:	
Name of Pharmacist making referral:	
Pharmacy Name: Pharmacy Address: Pharmacy Contact Tel No:	
OOH Site referred to:	
Was the site contacted or any attempt made to contact the site? If YES, please detail:	
Brief description of symptoms:	
Reason necessitating urgent GP review (i.e. why can't it wait until in-hours appointment with own GP):	