

Pharmacy Alcohol Screening & Brief Intervention Pilot log sheet



Pharmacy Stamp

Month/Year

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Please consult guidelines on reverse for advice on completion of forms

Date of consultation	Client initials	Age	Sex 1 = Male 2 = Female	Ethnicity	Postcode (district)	Scratch Card Score	ABI refused	ABI delivered	Info supplied	Referral	Consent to follow up

Form Guidelines

- 1. Date** date of consultation
- 2. Client Initial** first and last initial of client (e.g. J. B.)
- 3. Age** request age, if not given make approximation
- 4. Sex** gender of client (1= male, 2= female)
- 5. Ethnic Origin** White Scottish=1A, White British other=1B, White Irish=1C, Any other White= 1D, Mixed background= 2A, Indian=3A, Pakistani=3B, Bangladeshi=3C, Chinese=3D, Other Asian=3E, Caribbean=4A, African=4B, Other Black=4C, Any other ethnic=5A, Refused/not provided=98, Refused/not provided by Patient=98, Not known=99
- 6. Post code** where possible enter district code e.g. FK10
- 7. Scratch Card Score** ≥ 5 ABI indicated
- 8. Screen refused** patient refuses screening = R
- 9. ABI delivered** Brief intervention delivered = ✓
- 10. Info supplied** Written material provided
- 11. Referral** Patient referred to another service (GP, ASC, Alcohol Link)
- 12. Consent to Follow up** Request consent to follow up