

Notification of a consultation regarding treatment of mild skin condition through community pharmacy

Date of consultation:

Name of pharmacist who carried out consultation:

GP name:

GP practice address:

The following patient has attended this pharmacy for assessment and treatment of a mild skin condition.

Patient name:

Patient address:

Postcode:

Date of Birth:

CHI number:

Presenting condition:

- Insect bite reaction
 Allergic contact dermatitis
 Mild eczema
 PGD exclusion criteria checked

Advice given included:

- Seek further medical advice if symptoms do not improve after 7 days or spread.
 Patient advised of self-management strategies for managing skin conditions including using emollients frequently
 Patient informed of possible side effects and their management and who to contact should they be troublesome
 Patient advised of the importance of using Hydrocortisone cream twice daily **for a maximum of 7 days**

Following assessment:

- Your patient has been given a 7 day course of hydrocortisone 1% cream apply sparingly twice daily
 Your patient has been advised to contact the practice if symptoms fail to resolve following treatment
 Self-care advice only given
 Patient unsuitable for treatment via PGD for the following reason and has been referred because:

You may wish to include this information in your patient records.

Patient consent:

I agree to the pharmacy passing on this information to my GP.

Patient signature:

Date:

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

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