

COMMUNITY PHARMACY REFERRAL FORM

THIS PATIENT HAS PRESENTED AT A COMMUNITY PHARMACY

**SITUATION**

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

Patient Name:	
Address:	
D.O.B:	CHI:

**BACKGROUND**

This patient consulted with the pharmacist and presented with the following symptoms/condition:

**ASSESSMENT**

The pharmacist's assessment:

**RECOMMENDATION**

Self-care advice given to patient:

The pharmacist recommends to GP/Dentist/Optician:

	<b>Urgency</b>	<b>Tick</b>
	Within 24 hours	
	Within 1 week	
	Next routine appointment	

Referring Pharmacist Name:

Date:

Pharmacy Stamp: