

COMMUNITY PHARMACY REFERRAL FORM

SITUATION

A community pharmacist referral of a patient to GP Practice Team:

Name:

Address:

D.O.B./CHI:

BACKGROUND

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

This patient presented with a damaged thickened nail on one toe. They have a history of athlete's foot which has been treated successfully.

Previously, on MAS it was possible, although not recommended, to treat fungal nail infections. With the change to Pharmacy First treatments for fungal nail infections are not included in the approved list of products which can be prescribed by the community pharmacy.

ASSESSMENT

The pharmacist's assessment:

The symptoms appear to suggest the patient has a fungal infection in their toenail.

RECOMMENDATION

Self-care advice given to patient:

Maintain good hygiene, keeping the athlete's foot under control. Contact the GP practice who will make an appropriate appointment.

The pharmacist recommends to GP team:

Please review this patient and treat as appropriate.

Pharmacy details:

Referring Pharmacist name:

Date:

Pharmacy Stamp:

Urgency:

Within 24 hours	
Within 1 week	
Next routine appointment	✓