**Pharmacy First - Patient Triage Form**

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| **Patient Details** |
| I am the patient [ ] | Patient representative [ ]Provide details: |
| Name |  |
| Date of Birth |  |
| Address |  |
| NHS No. if known |  |
| Gender | Male [ ] | Female [ ] | Prefer not to say [ ] |
| GP Practice |  |
| **What do you need help with?** |
| Request urgent supply of medicines [ ] | Details of medicine(s): |
| Seeking advice and/or treatment for my/patient’s symptoms [ ] If yes, please see below: |
| What are the patient’s symptoms? |
| How long have you had these symptoms? |
| Patient medical history (e.g. current illnesses and medications) |
| Action taken so far?  |
| **FOR PHARMACY STAFF ONLY** |
| Refer to emergency checklist, are any emergency or red flag symptoms present? YES/NO/UNSUREIf yes or unsure, please escalate to pharmacist, A&E or dial 999 as appropriate. |
| **Do the patients symptoms indicate any of the following?** |
| [ ] Shingles | [ ] UTI  | [ ] Impetigo |  [ ] Infected insect bite |
| [ ] Acute sore throat  | [ ] Acute sinusitis  | [ ] Otitis media  | [ ] No/unsure/other |
| If no, could the patient be eligible/require a different service (e.g. blood pressure check)? YES / NO |
| STAFF NAME: | DATE: |