**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/UNSURE  If 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: | | | |