



NO PRESCRIPTION REQUIRED – REFERRAL TO LOCAL PHARMACY

West Suffolk Clinical Commissioning Group (WSCCG) does not support the prescribing of medication for the treatment of minor ailments where appropriate treatment is available for purchase from a Pharmacy or supermarket.

It is my professional opinion that the resident named below is suffering from a short-term self-limiting condition, or a minor ailment. I recommend that treatment is purchased by the patient or their representative and used in accordance with the instructions given below.

Name of Care Home:		Resident name:	
Name of GP consulted:		Resident DOB:	
Name of staff member describing symptoms to GP (if telephone consultation):			
Type of consultation (please delete as appropriate): TELEPHONE CALL / HOME VISIT		Time:	Date:
Symptoms described to GP	GP recommendations	Action taken	Any other comments
<i>E.g. Headache, diarrhoea, dry skin etc.</i>	<i>E.g. Buy paracetamol tablets.</i>	<i>E.g. Spoke with pharmacist and bought paracetamol tablets.</i>	<i>E.g. Doctor said to follow instructions on packet.</i>

If the resident's symptoms do not improve, or their health deteriorates despite use of the purchased treatment, please seek further advice from their GP.

GP signature (if home visit):	If telephone consultation, name and signature of senior member of staff authorising treatment:	Date:
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PLEASE FILE WITH RESIDENT'S MAR CHART AND RECORD ACCURATELY EACH TIME A DOSE IS ADMINISTERED.