# Appendix 3

# Patient Group Directions for treatment Seasonal Allergic Rhinitis (Hay fever)

# Notification of supply from community pharmacy

**CONFIDENTIAL WHEN COMPLETED**

Data protection confidentiality note: this message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

|  |  |  |  |
| --- | --- | --- | --- |
| GP name | Click or tap here to enter text. |  | Pharmacy Stamp/Address details |
| GP practice address | Click or tap here to enter text. |  |  |
| Click or tap here to enter text. |  |
| The following patient has attended this pharmacy for assessment and potential treatment of Seasonal Allergic Rhinitis (Hay fever): |  |
| Patient name | Click or tap here to enter text. |  |
| Date of birth/CHI | Click or tap here to enter text. |  | Pharmacist nameClick or tap here to enter text. |
| Patient address | Click or tap here to enter text. |  |
| Click or tap here to enter text. |  | GPhC number Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. |  | DateClick or tap to enter a date. |

Following assessment (Tick as appropriate)

|  |
| --- |
| Presenting condition: Seasonal Allergic Rhinitis (Hay fever) |
| Sneezing [ ]  | Nasal discharge [ ]  | Nasal itching [ ]  | Nasal congestion [ ]  |
| Itchy eyes [ ]  | Redness of eyes [ ]  | Watery eyes [ ]  |  |
| The patient has been given: |
| Beclometasone 50mcg nasal spray (200 doses) [ ]  | Mometasone 50mcg nasal spray (140 doses) [ ]  |
| Fexofenadine 120mg tablets (30 tablets) [ ]  (60 tablets) [ ]  | Olopatadine 1mg/ml eye drops (5ml) [ ]  |
| The patient has been given self-care advice only |[ ]
| The patient is unsuitable for treatment via PGD for the following reasons and has been referred:Click or tap here to enter text. |[ ]

You may wish to include this information in your patient records.

|  |  |
| --- | --- |
| **Patient consent**: I can confirm that the information is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of NHS Pharmacy First Scotland to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given, or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service, but this will be totally anonymous and not be attributable to any individual patient. | Consent received[ ]  |

This form should now be sent to the patient’s GP and a copy retained in the pharmacy.