Pharmacy First PILOT Service for Treatment of Shingles: Monthly claim form

Pharmacy Contractor number:						**Claim Month:**			
Pt no.	**Consultation Details**	**Pt age**	**Method of referral:**	**Consultation details (Only tick boxes within applicable column)**		**Antiviral supplied** (tick all that apply)	**Analgesia supplied**	**Advice**	**Patient Referred to HCP?**
	Time of consultation after 6pm? Yes ☐ No ☐ **Consultation Day?** Weekday ☐ Weekend ☐		Self-referred ☐ Pharmacist ☐ GP ☐ OOH's ☐ Other:_____	**Has the patient presented within 72 hours of rash onset? Yes** ☐ Does the patient meet ANY of the following criteria? ☐ Aged 50 years & over ☐ Immunosuppressed ☐ Non-truncal involvement ☐ Moderate or severe pain ☐ Moderate or severe rash OR	**Has the patient presented, more than 72 hours and up to one week after rash onset? Yes** ☐ Does the patient meet ANY of the following criteria? ☐ Aged 70 years & over ☐ Immunosuppressed ☐ Continued vesicle formation ☐ Severe pain ☐ High risk of severe shingles OR	**Patient has a shingles rash but has presented <u>more</u> than a week after rash onset Yes** ☐	☐ Aciclovir ☐ Valaciclovir <u>Reason Valaciclovir supplied:</u> ☐Immunosuppressed ☐ Aciclovir unsuitable ☐ Adherence risk ☐ **Antiviral not supplied**	☐Paracetamol ☐ Ibuprofen ☐ Both	Verbal Advice ☐ BAD leaflet Supplied ☐	**No** ☐ **Yes** ☐ If yes; tick which HCP below: GP ☐ OOH ☐ ED ☐ other ☐
	Time of consultation after 6pm? Yes ☐ No ☐ **Consultation Day?** Weekday ☐ Weekend ☐		Self-referred ☐ Pharmacist ☐ GP ☐ OOH's ☐ Other:_____	**Has the patient presented within 72 hours of rash onset? Yes** ☐ Does the patient meet ANY of these criteria? ☐ Aged 50 years & over ☐ Immunosuppressed ☐ Non-truncal involvement ☐ Moderate or severe pain ☐ Moderate or severe rash	**Has the patient presented, more than 72 hours and up to one week after rash onset? Yes** ☐ Does the patient meet ANY of these criteria? ☐ Aged 70 years & over ☐ Immunosuppressed ☐ Continued vesicle formation ☐ Severe pain ☐ High risk of severe shingles	**Patient has a shingles rash but has presented <u>more</u> than a week after rash onset Yes** ☐	☐ Aciclovir ☐ Valaciclovir <u>Reason Valaciclovir supplied:</u> ☐Immunosuppressed ☐ Aciclovir unsuitable ☐ Adherence risk ☐ **Antiviral not supplied**	☐Paracetamol ☐ Ibuprofen ☐ Both	Verbal Advice ☐ BAD leaflet Supplied ☐	**No** ☐ **Yes** ☐ If yes; tick which HCP below: GP ☐ OOH ☐ ED ☐ other ☐

Pharmacist name:	**Pharmacist signature:**	**Page ___ of ___**	**Total number of fees claimed for the month: _____@£25** **Total Claim for the month £_____**