




Name of Patient	Patient Phone Number	Personal Health Number (PHN)	Informed Consent? <input checked="" type="checkbox"/> Yes																																				
Minor Ailment of Concern / Contraception: <table border="0"><tr><td><input type="radio"/> Contraception</td><td><input type="radio"/> Dysmenorrhea</td><td><input type="radio"/> Headache</td><td><input type="radio"/> Nicotine dependence</td></tr><tr><td><input type="radio"/> Acne</td><td><input type="radio"/> Dyspepsia</td><td><input type="radio"/> Hemorrhoids</td><td><input type="radio"/> Threadworms or pinworms</td></tr><tr><td><input type="radio"/> Allergic rhinitis</td><td><input type="radio"/> Fungal infections</td><td><input type="radio"/> Herpes labialis</td><td><input type="radio"/> Urinary tract infection</td></tr><tr><td><input type="radio"/> Conjunctivitis</td><td><input type="radio"/> Onychomycosis</td><td><input type="radio"/> Impetigo</td><td><input type="radio"/> Urticaria, including insect bites</td></tr><tr><td><input type="radio"/> Dermatitis</td><td><input type="radio"/> Tinea corporis infection</td><td><input type="radio"/> Oral ulcers</td><td><input type="radio"/> Vaginal candidiasis</td></tr><tr><td><input type="radio"/> allergic/contact</td><td><input type="radio"/> Tinea cruris infection</td><td><input type="radio"/> Oropharyngeal candidiasis</td><td></td></tr><tr><td><input type="radio"/> atopic</td><td><input type="radio"/> Tinea pedis infection</td><td><input type="radio"/> Musculoskeletal pain</td><td></td></tr><tr><td><input type="radio"/> diaper rash</td><td><input type="radio"/> Gastroesophageal reflux disease</td><td><input type="radio"/> Shingles</td><td></td></tr><tr><td><input type="radio"/> seborrheic</td><td></td><td></td><td></td></tr></table>				<input type="radio"/> Contraception	<input type="radio"/> Dysmenorrhea	<input type="radio"/> Headache	<input type="radio"/> Nicotine dependence	<input type="radio"/> Acne	<input type="radio"/> Dyspepsia	<input type="radio"/> Hemorrhoids	<input type="radio"/> Threadworms or pinworms	<input type="radio"/> Allergic rhinitis	<input type="radio"/> Fungal infections	<input type="radio"/> Herpes labialis	<input type="radio"/> Urinary tract infection	<input type="radio"/> Conjunctivitis	<input type="radio"/> Onychomycosis	<input type="radio"/> Impetigo	<input type="radio"/> Urticaria, including insect bites	<input type="radio"/> Dermatitis	<input type="radio"/> Tinea corporis infection	<input type="radio"/> Oral ulcers	<input type="radio"/> Vaginal candidiasis	<input type="radio"/> allergic/contact	<input type="radio"/> Tinea cruris infection	<input type="radio"/> Oropharyngeal candidiasis		<input type="radio"/> atopic	<input type="radio"/> Tinea pedis infection	<input type="radio"/> Musculoskeletal pain		<input type="radio"/> diaper rash	<input type="radio"/> Gastroesophageal reflux disease	<input type="radio"/> Shingles		<input type="radio"/> seborrheic			
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PATIENT ASSESSMENT																																							
<input checked="" type="checkbox"/> PharmaNet Checked	<input checked="" type="checkbox"/> Patient Eligible																																						
Patient Symptoms and Signs																																							
Assessment of Relevant Medical History and Medications no interactions with current medication profile																																							
Diagnosis																																							
RECOMMENDATIONS																																							
May include medication(s), self-care strategies, and/or advice to seek medical attention from another health care professional. If recommending a Plan W OTC medication as part of a MACS assessment to a patient covered by Plan W, enter the medication in PharmaNet to ensure it is covered. Medication, sig, mitte, refills:																																							
Prescription issued? <input checked="" type="radio"/> Yes <input type="radio"/> No	Advised to seek medical attention from another healthcare professional? <input type="radio"/> Yes <input checked="" type="radio"/> No → If Yes, advised to see:																																						
MONITORING AND FOLLOW-UP PLAN																																							
will be followed up in 5 days time																																							
PROVIDERS NOTIFIED (if applicable)																																							
Primary Care Provider Name	Date and Method Notified																																						
Other Health Care Providers, and Dates and Methods Notified																																							
PHARMACY/PHARMACIST INFORMATION																																							
Pharmacy Name Tablet Pharmacy 3	Pharmacy Phone Number 2509330093	Pharmacy Address 101-6373 Hammond Bay Rd, Nanaimo BC, V9t5Y1																																					
Pharmacist Name (print) Aki Shah	Pharmacist License Number 14901	Pharmacist Signature 	Date Signed																																				