

<b>Patient</b>		
Name:	HSN:	
Address:	DOB:	<input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	
<b>Medical History:</b> <input type="checkbox"/> Diabetic → refer <input type="checkbox"/> Immunocompromised (disease or drug-induced) → refer <input type="checkbox"/> Previous diagnosis of tinea cruris → helps confirm patient self-diagnosis		
<b>Drug History:</b>		
<b>Review of Symptoms</b>		
<b>Any red flags present?</b>  <input type="checkbox"/> Fever, fatigue, swollen lymph glands or other symptoms of systemic illness <input type="checkbox"/> This may be a previous infection that did not fully clear, despite proper treatment <input type="checkbox"/> One week of previous antifungal therapy has yielded no improvement <input type="checkbox"/> Lesions exhibit any severe characteristics: <input type="checkbox"/> Extensive <input type="checkbox"/> On the penis, scrotum or vulva <input type="checkbox"/> Severely inflamed <input type="checkbox"/> Weeping or purulent <input type="checkbox"/> Painful <input type="checkbox"/> Disabling  <input type="checkbox"/> Yes → refer		
<b>Does the patient have risk factors for tinea cruris?</b> <input type="checkbox"/> Previous tinea cruris infection <input type="checkbox"/> Participates in sports or is prone to sweating <input type="checkbox"/> Wears tight-fitting clothing for extended periods of time  <input type="checkbox"/> Yes → helps confirm patient self-diagnosis		
<b>Are symptoms consistent with diagnosis of tinea cruris?</b> <input type="checkbox"/> Large round, red spots in groin area, with bumpy or scaly edges <input type="checkbox"/> Reddened areas can extend down inner leg or upwards to stomach or buttocks <input type="checkbox"/> Usually prominent itch <input type="checkbox"/> Predominately yes → Continue <input type="checkbox"/> No → consider other conditions / refer		
<b>Has the patient tried any non-pharmacologic or pharmacologic treatment for tinea cruris?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes → What?      Effect?		

<b>Treatment</b>	
<input type="checkbox"/> Non-pharmacologic treatment measures  <input type="checkbox"/> OTC topical - clotrimazole, miconazole, or tolnaftate BID for 4 weeks  <input type="checkbox"/> Prescription antifungal (slightly more effective / more rapid acting) <div style="margin-left: 20px;"> <b>Options:</b>  <input type="checkbox"/> <b>Terbinafine 1% Cream</b> (children <math>\geq 12</math> and adults)            Apply adequate amount of cream to cover affected area and approximately 2cm beyond visible edge of lesions ONCE daily for 7 days.            Massage in gently.            Mitte: 30g   <input type="checkbox"/> <b>Terbinafine 1% Spray</b> (children <math>\geq 12</math> and adults)            Spray sufficient amount of solution to cover treatment area and surrounding skin ONCE daily for 7 days.            Mitte: 30ml   <input type="checkbox"/> <b>Ketoconazole 2% Cream</b>            Apply adequate amount of cream to affected area and approximately 2cm beyond visible edge of lesions ONCE daily for 2 to 4 weeks.            Massage in gently.            Mitte: 30g         </div>	
<b>Prescription Issued for minor ailment</b>	
Rationale for prescribing:   Rx:  Quantity (7 days for terbinafine; 2-4 weeks for ketoconazole):  Directions:  pseudoDIN: 00951101	
<b>Counseling</b> <input type="checkbox"/> May have prescription filled at pharmacy of choice <input type="checkbox"/> PAR will be communicated to primary care provider as part of collaborative practice	
<input type="checkbox"/> Adjunctive measures to ensure positive outcomes <input type="checkbox"/> Duration of therapy (and to extend 1 week after symptoms resolve unless using terbinafine) <input type="checkbox"/> Appropriate application area <input type="checkbox"/> If no improvement after 1 week of pharmacologic treatment, or if symptoms worsen, refer	
<b>Follow-up scheduled in 7 days:</b>	
<input type="checkbox"/> In pharmacy <input type="checkbox"/> Telephone <input type="checkbox"/> If worsening or no improvement, refer <input type="checkbox"/> If improving, encourage continued treatment for appropriate duration and for 1 week after symptoms resolve (unless using terbinafine)	
<b>Prescribing Pharmacist:</b>	
Name:	Signature:
Pharmacy:	Telephone:
	Fax:
Email:	Date:
Primary care provider:	Fax:

### Pharmacist Minor Ailment Prescribing Record

**To**

This document is to inform you I met with your patient below who presented with **a tinea cruris**.

After an assessment, a prescription was issued for

The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

#### Patient Demographics

Name:	HSN:	
Address:	DOB:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Telephone:	<input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	

#### Prescription Issued on

MEDICATION:

DIRECTIONS:

QUANTITY:

#### Rationale for prescription / relevant patient information

**I will follow-up with the patient on** **and discuss these items:**

- ☐ If worsening or no improvement, refer  
☐ If improving, encourage continued treatment for appropriate duration and for 1 week after symptoms resolve  
(unless using terbinafine)

#### Prescribing Pharmacist

Name:	Signature:
Pharmacy:	Telephone: Fax:
Email:	Date:

#### Primary care provider notified

Name:	Fax:
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