





### Pharmacist Minor Ailment Prescribing Record

To

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

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 possible, follow up within 24 hours to see if headache aborted
- Ask about side effects of medications
- Monitor for medication overuse headache at following visits
- If no improvement, try alternate option for future episode. Refer if two trials fail to provide improvement

#### Prescribing Pharmacist

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

#### Notified

Name:	Fax:
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