



Name of Patient	Patient Phone Number	Personal Health Number (PHN)	Informed Consent? <input type="checkbox"/> Yes
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Minor Ailment of Concern / Contraception:

- |   |   |   |   |
|---|---|---|---|
| <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        |   |   |   |

**PATIENT ASSESSMENT**

- PharmaNet Checked       Patient Eligible

Patient Symptoms and Signs

Assessment of Relevant Medical History and Medications

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.

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|--|--|
| Prescription issued?<br><input type="radio"/> Yes <input type="radio"/> No | Advised to seek medical attention from another healthcare professional?<br><input type="radio"/> Yes <input type="radio"/> No    → If Yes, advised to see: |
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**MONITORING AND FOLLOW-UP PLAN**

**PROVIDERS NOTIFIED (if applicable)**

Primary Care Provider Name	Date and Method Notified
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Other Health Care Providers, and Dates and Methods Notified

**PHARMACY/PHARMACIST INFORMATION**

Pharmacy Name	Pharmacy Phone Number	Pharmacy Address	
Pharmacist Name (print)	Pharmacist License Number	Pharmacist Signature	Date Signed