BRITISH COLUMBIA | Ministry of Health

Minor Ailments and Contraception Service (MACS) Form

Name of patient	Patient phone number	Personal Health Number	Informed consent? ☐ Yes

Minor ailment of concern/ contraception:

- ☐ Contraception
- ☐ Acne
- ☐ Allergic rhinitis
- ☐ Conjunctivitis
- ☐ Dermatitis
  - ☐ allergic/contact
  - ☐ atopic
  - ☐ diaper rash
  - ☐ seborrheic
- ☐ Dysmenorrhea
- ☐ Dyspepsia
- ☐ Fungal infections
  - ☐ Onychomycosis
  - ☐ Tinea corporis infection
  - ☐ Tinea cruris infection
  - ☐ Tinea pedis infection
- ☐ Gastroesophageal reflux disease
- ☐ Headache
- ☐ Hemorrhoids
- ☐ Herpes labialis
- ☐ Impetigo
- ☐ Oral ulcers
- ☐ Oropharyngeal candidiasis
- ☐ Musculoskeletal pain
- ☐ Shingles
- ☐ Nicotine dependence
- ☐ Threadworms or pinworms
- ☐ Urinary tract infection
- ☐ Urticaria, including insect bites
- ☐ Vaginal candidiasis

PATIENT ASSESSMENT | PharmaNet checked? ☐ Yes | Patient eligible? ☐ Yes

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 physician or other healthcare professionals)

Prescription issued? ☐ Yes ☐ No

Advised to seek medical attention from another healthcare professional? ☐ Yes; advised to see: _____ ☐ No

Details of prescription and/or other recommendations, with rationale:

MONITORING and FOLLOW-UP PLAN

PROVIDERS NOTIFIED (if applicable)

Primary care provider (name):_____ Date, method notified: _____

Other health care providers: _____ Date, method notified: _____

PHARMACY/PHARMACIST INFORMATION

Pharmacy name: _____ Pharmacy address: _____

Pharmacy phone number: _____

Print name of pharmacist and licence number	Signature of pharmacist	Date signed