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 and method notified: _________________________

Other health care providers: ____ Date and method notified: _________________________

PHARMACY/PHARMACIST INFORMATION

Pharmacy name: _____________________________________ Pharmacy address: ____

Pharmacy phone number: _____________________________

Rph

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