



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, [] Dysmenorrhea, [] Dyspepsia, [] Fungal infections, [] 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: _____, Print name of pharmacist and licence number, Signature of pharmacist (Rph), Date signed