



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, Date signed