

CALDERDALE

## HEAD LICE SERVICE CONSULTATION FORM

(Please retain at the pharmacy for 3-months for audit purposes)



### Details

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Family Postcode: \_\_\_\_ / \_\_\_\_

Family Surname \_\_\_\_\_

Pharmacy Code: F \_\_\_\_\_

### Initial Counselling

Only 'X' the boxes below if the patient(s) present(s) to the pharmacy with no evidence of infection. Marking this box will indicate that **NO** drug treatment has been provided.

Initial Counselling & Advice Given \_\_\_\_\_

Head lice Comb Supplied \_\_\_\_\_

### Patient Declaration

I have received information on head lice, how to check for current infection and how to access the pharmacy head lice service.

Patient / Representative's signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Supply of Treatment

Total number of head lice samples reviewed: \_\_\_\_\_

Number of patients with confirmed head lice: \_\_\_\_\_

Products supplied (Indicate the quantity of each product supplied under a FP10 exemption or FP10 charge paid in the boxes below. Products supplied OTC must **not** be included in this section).

Derbac M Liquid 50ml: \_\_\_\_ Hedrin Lotion 50ml: \_\_\_\_ Wet combing method: \_\_\_\_

Derbac M Liquid 200ml: \_\_\_\_ Hedrin Lotion 150ml: \_\_\_\_

## Pharmacist Declaration

**(Must be signed by the accredited pharmacist)**

I certify that the patient(s) does(do) not have to pay for this treatment.

I certify that I am named in the Local Enhanced Service (LES) authorisation agreement and that I have carried out the duties as stated in the LES

Signed (pharmacist): \_\_\_\_\_

GPhC Number: \_\_\_\_ \_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## DECLARATION OF EXEMPTION

**NOTE** - You **will** be asked to show proof that you do not have to pay prescription charges, such as a benefit book or exemption certificate.

**The patient does not have to pay because he/she:**

- |          |                          |   |
|----------|--------------------------|---|
| <b>A</b> | <input type="checkbox"/> | Is under 16 years of age  |
| <b>B</b> | <input type="checkbox"/> | Is 16, 17 or 18 <b>and</b> in full time education                         |
| <b>C</b> | <input type="checkbox"/> | Is 60 years of age or over  |
| <b>D</b> | <input type="checkbox"/> | Has a valid maternity exemption certificate                               |
| <b>E</b> | <input type="checkbox"/> | Has a valid medical exemption certificate                                 |
| <b>F</b> | <input type="checkbox"/> | Has a valid prescription pre-payment plan                                 |
| <b>G</b> | <input type="checkbox"/> | Has a valid War Pension exemption certificate                             |
| <b>H</b> | <input type="checkbox"/> | Gets Income Support or income-related Employment and Support Allowance    |
| <b>K</b> | <input type="checkbox"/> | Gets <b>income based</b> Jobseeker's Allowance                            |
| <b>L</b> | <input type="checkbox"/> | Is named on a current HC2 charges certificate                             |
| <b>M</b> | <input type="checkbox"/> | Is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate |
| <b>N</b> | <input type="checkbox"/> | Has paid the current FP10 charge  |
| <b>S</b> | <input type="checkbox"/> | Has a partner who gets Pension Credit Guarantee Credit (PCGC)             |

## Patient Declaration

(To be completed or on behalf of **ALL** patients)

Where appropriate, I have received information about head lice infection, detection combing and how to access the Community Pharmacy Head Lice Service.

**Exemption declaration.** I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable NHS England to check I have a valid exemption and to help prevent and detect fraud, I consent to the disclosure of relevant information on this form to appropriate NHS and governmental bodies.

Patient / Representative's signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_