

Antibiotic Checklist

Help us to Keep Antibiotics Working.

Please tick

Administering the flu vaccine. Please tick as appropriate.

- I have discussed flu vaccine eligibility with the patient
- I have given the flu vaccine on site

The Antibiotic Checklist has not been fully completed because:

- the patient's representative did not know the information
- the antibiotics are supplied by delivery service.
Consider including a patient information leaflet with the prescription.
- the antibiotics are already dispensed
- the patient declined
- other reason. Please write the reason in the space below.



Antibiotic resistance is one of the biggest threats facing us today. Your actions through use of this Antibiotic Checklist will help Keep Antibiotics Working. Find out more and make your pledge at www.AntibioticGuardian.com

Are the antibiotics for you? yes no

If they are not for you, please fill in the rest of this form for the person named on the prescription

Are you taking any other medicines? yes no don't know

Are you allergic to any antibiotics? yes no don't know

Have you taken antibiotics in the last 3 months? yes no don't know

Do you have one of these common infections? Tick if yes.

chest <input type="checkbox"/> 	throat <input type="checkbox"/> 	ear <input type="checkbox"/> 	urine <input type="checkbox"/> 	tooth <input type="checkbox"/> 	skin <input type="checkbox"/>
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Or something else?

Please indicate here. →

Does this describe you? Tick if yes.

problem with kidney function <input type="checkbox"/> 	problem with liver function <input type="checkbox"/> 	breast feeding <input type="checkbox"/> 	pregnant <input type="checkbox"/> 	over 65 <input type="checkbox"/>
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Have you had a flu vaccine this year? yes no don't know

Your pharmacist can tell you about the things that you can do to help you get better, and give you a leaflet with more information.

If you require a language other than English, please indicate here

Please continue overleaf →

