

**Appendix A:**

**Patient's details**

First name																				
Surname																				
Address																				
Date of birth																				
GP practice																				
GP practice address																				

Postcode

NHS Number  
(where known)

**Medicines supplied**

Medicine	Quantity

Nature of the emergency that required an emergency supply to be made (please tick)

Acute presentation

Patient ran out of medication

Lost/misplaced current supply

Unable to collect prescription from GP/usual pharmacy

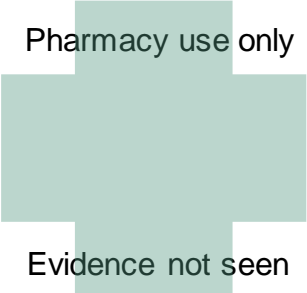
Prescription not ready

Other (please state)

Name of pharmacist authorising supply		Pharmacy stamp
Date of supply		
Time of supply	:	
Date GP practice notified		
Pharmacy ODS code	<b>F</b>	

Patient declaration overleaf to be completed

Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3.

<b>Part 1</b>		The patient doesn't have to pay because he/she:	
<input type="checkbox"/>	is under <b>16 years</b> of age		Pharmacy use only
<input type="checkbox"/>	is <b>16, 17 or 18 and</b> in full-time education		Evidence not seen
<input type="checkbox"/>	is <b>60 years</b> of age or over		
<input type="checkbox"/>	has a valid maternity exemption certificate		
<input type="checkbox"/>	has a valid medical exemption certificate		
<input type="checkbox"/>	has a valid prescription pre-payment certificate		
<input type="checkbox"/>	is named on a current HC2 charges certificate		
<input type="checkbox"/>	is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate		
<input type="checkbox"/>	or his/her partner gets Income Support		
<input type="checkbox"/>	gets income-based Jobseeker's Allowance		
<input type="checkbox"/>	gets Universal Credit		
<input type="checkbox"/>	gets income-related Employment and Support Allowance		
<input type="checkbox"/>	or his/her partner gets Pension Credit Guarantee Credit		
<input type="checkbox"/>	gets Employment and Support Allowance		

I declare that the information I have given on this form is correct and complete.  
 I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption from prescription charges.  
 To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to NHS England, the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities.

<b>Part 2</b>	I have paid	£	Now sign and fill in Part 3.
<b>Part 3</b>	I am the patient <input type="checkbox"/> the patient's guardian <input type="checkbox"/> (Cross ONE box)		

I agree that the information on this form can be shared with:

- My/the patient's GP practice and/or GP out of hours services to help them provide care to me/the patient
- NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy

Signature		Date			
If different from overleaf, add your name and address below					
Name					
Address					
				Postcode	