

NHS Community Pharmacy Emergency Supply Service Record Form



NHS England, North Midlands (Derbyshire / Nottinghamshire)

Patient's details																	
First name																	
Surname																	
Address																	
Date of birth																	
GP practice																	
GP practice address																	


Medicines supplied																	
Medicine													Quantity				

Nature of the emergency that required an emergency supply to be made																	
<p><i>(This area is for handwritten notes regarding the nature of the emergency.)</i></p>																	

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

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.

Part 1	The patient doesn't have to pay because he/she:	
<input type="checkbox"/>	is under 16 years of age	<div style="background-color: #4CAF50; color: white; padding: 5px; font-weight: bold;">Pharmacy use only</div>  <div style="background-color: #4CAF50; color: white; padding: 5px; font-weight: bold;">Evidence not seen</div>
<input type="checkbox"/>	is 16, 17 or 18 and in full-time education	
<input type="checkbox"/>	is 60 years 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"/>	was prescribed free – of – charge contraception	
<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.

Part 2	I have paid £	Now sign and fill in Part 3.
Part 3	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 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

If you hadn't received a supply of your medicine from the pharmacy, what would you have done?

<input type="checkbox"/> Gone without my medicine	<input type="checkbox"/> Contacted my GP practice	<input type="checkbox"/> Contacted the out of hours GP service	<input type="checkbox"/> Visited A&E or an urgent care centre
---	---	--	---