|  |
| --- |
| Patient’s details |
| First name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Postcode |  |  |  |  |  |  |  |  |
| Date of birth |  |  |  | NHS Number(where known) |  |  |  |  |  |  |  |  |  |  |  |  |
| Medicines supplied |
| Medicine  | Pack size | Quantity |
|  |  |  |
|  |  |  |
|  |  |  |
| Date of supply |   |  |  | Pharmacy stamp |
| Time of supply | : |
| Pharmacy ODS code | F |  |  |  |  |
| Patient declaration overleaf to be completed |

|  |
| --- |
| This winter ailments service allows the pharmacy to supply certain medicines to people who do not have to pay for NHS prescriptions. |
| ☒ | The patient doesn’t have to pay because he/she: |
| [ ]  | is under **16 years** of age | Pharmacy use only Evidence not seen |
| [ ]  | is **16**, **17** or **18 and** in full-time education |
| [ ]  | is **60** years of age or over |
| [ ]  | has a valid maternity exemption certificate |
| [ ]  | has a valid medical exemption certificate |
| [ ]  | has a valid prescription pre-payment certificate |
| [ ]  | is named on a current HC2 charges certificate |
| [ ]  | is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate |
| [ ]  | or his/her partner gets Income Support |
| [ ]  | gets income-based Jobseeker’s Allowance |
| [ ]  | gets Universal Credit |
| [ ]  | gets income-related Employment and Support Allowance |
| [ ]  | or his/her partner gets Pension Credit Guarantee Credit |
| [ ]  | gets Employment and Support Allowance |
| I am the patient [ ]  patient’s representative [ ]  |
| 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. 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. |
| Signature |  | Date |  |  |  |
| If different from overleaf, add your name and address below |
| Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Postcode |  |  |  |  |  |  |  |  |
| If you hadn’t received advice on your winter ailment and a medicine to treat it from the pharmacy, what would you have done? |
| [ ]  Nothing | [ ]  Contacted my GP practice | [ ]  Contacted the out of hours GP service | [ ]  Visited A&E or an urgent care centre | [ ]  Visited a walk-in centre |