Pharma Health
Enhancing Healthcare

Agreement

- I have answered all the questions honestly, and provided complete and accurate information that reflects my up to date medical history and information. I understand that the Pharma Health clinical team takes my answers in good faith and base their prescribing decisions accordingly; and that incorrect information can potentially harm my health.
- I have read the key facts about this medication & condition, including the medication effectiveness and the alternative treatment options available.
- I will read the Patient Information Leaflet (PIL) supplied with the medicine including the dosage instructions, side effects and contra-indications prior to starting the treatment
- I understand that I should have my blood pressure regularly checked
- I understand that the most common side effects of Priligy are nausea, dizziness, headache, light headed, fainting and diarrhoea. If I feel dizzy or faint after taking Priligy then I will not drive, operate heavy machinery or undertake hazardous activities.
- I understand that if I experience any changes in mood including thoughts of harm or suicide or any seizures, I will discontinue treatment immediately and seek urgent medical attention from my GP.
- I understand that whilst decisions relating to my treatment are made jointly between the prescriber and I, the final decision to issue a prescription will always be with the pharmacist prescriberI understand that if the selected treatment is not suitable, I will be refunded and signposted to another point of care.
- I take responsibility to inform my GP of the medication/treatment I receive from this service.
- I will also immediately notify the Pharma Healthc linical team and my GP if I experience any side effects, or I start any new medication, or my medical conditions change during the course of this treatment.

☐☐ I have read and understood the above points, and I agree to act on them.

We are legally required to inform your GP about the treatment/medication we are providing under this service, so they can update your medical record on their system and continue to provide safe medical care. Please provide your GP's contact details.

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