



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 have had a normal liver function blood test in the last 12 months and I will get another liver function test 3 months after starting this treatment. I will only continue with the treatment if the results are normal.
- I agree to see my GP if my nail condition worsens while using the selected treatment, or there is no improvement after 2 months of treatment.
- 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 prescriber.
- I 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 Health clinical 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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