



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 if I miss a pill or take one late there is a risk that I might get pregnant. Also, being sick (vomiting) or having diarrhoea can also affect how well the pill works.
- I understand the risks and possible side effects of taking the pill, including blood clots, and that if I get pain in my leg or have difficulty breathing while on the pill, I need to speak to a doctor urgently.
- I understand the importance of regular checks on my blood pressure, the importance of cervical screening, and that contraceptive pills do not protect me against sexually transmitted infections.
- 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 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.