



## 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
- Period delay medications can make certain conditions worse such as migraines, epilepsy, diabetes, asthma and heart conditions. While we feel that we can prescribe a short course of this medication to help you, you should stop taking this medication immediately if you find that it is affecting your health or giving you any side effects and you should contact your doctor as soon as possible.
- 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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