BOOTS THE CHEMISTS

PATIENT INFORMATION REQUEST FORM

FOR HOME/OFFICE DELIVERY OF A PRIVATE PRESCRIPTION

Section A - Required Information

The information in this section must be given in order for us to process your order and contact you in the event of a query.

Name

Your full name

Title (Mr, Mrs etc.)

Patient's name, if different

Your relationship to patient

Patient's Date of Birth D D / M M / Y Y Y Y

Delivery Address

Number and Street

Town

County

Postcode

*For office/workplace delivery addresses you must satisfy yourself that your Reception will sign and accept the delivery for you.

Contact Details

Telephone No: Day

Evening

Mobile (if available)

E-mail: (if available)

Prescribing Doctor's Details (if not printed clearly on the prescription)

Name:

Street

Town

Postcode

Telephone no.(if available):

Calculation of Order Price:

Please record below the price quoted for your prescription.
A price quotation may be obtained from our website at www.boots.com/pharmacy

Item Description	Price as quoted
	£
	£
	£
	£
	£
	Free Post & Packing
We will contact you if we calculate the total cost differently.	£ Total

Payment Choice

	tick		tick		tick		tick
	Visa:		Mastercard		Switch		Delta

Card number:

Name on card:

Card start date: / Card expiry date: /

Issue number: (switch only)

Note: Your card is only charged when the medicines are despatched

Repeat Prescriptions

If your prescription allows for repeat dispensings we can retain it for future dispensings avoiding the need for you to post the prescription in again. Instructions for re-ordering will be sent with your first order

Would you like us to hold your prescription? YES (tick) or return it to you (tick)

Your consent: I confirm that the above information is correct

Signature: Date: D D / M M / Y Y Y Y

Please post the completed form, together with your prescription to
Boots.com pharmacy, FREEPOST NAT15396, WALSALL, WS1 1BR
Please allow 5 working days from posting your prescription before delivery.
Please be aware that you will need to be available to sign for receipt of the medicines
We will e-mail you the day we despatch your order

Section B - Optional Information

Completion of this section is optional, but the information provided will allow us to provide you with a better service.
If you are not the patient, please obtain their permission before providing information on their behalf.
This information will be held securely in our pharmacy's patient records system. When you use the service again you will not need to provide all the information again - only those things that have changed.

Have this information been provided previously?

	tick
Yes - no changes	
Yes - see changes below	
No	

Patient's Medical Conditions and Allergies:
Please tick any of the following conditions which apply to the patient:

	tick		tick		tick
Angina		Gastric Ulcer		Kidney Disease	
Asthma		Glaucoma		Liver Disease	
Bronchitis/Emphysema		Gout		Migraine	
Ceoliac Disease		Hay Fever		Osteoarthritis	
Crohns Disease		Heart Arrhythmia		Osteoporosis	
Depression		Heart Disease		Parkinson's Disease	
Diabetes Mellitus		Heart Failure		Psoriasis	
Diverticulitis		High Blood Pressure		Rheumatoid Arthritis	
Eczema		Hypercholesterolaemia		Thyroid Disorder	
Epilepsy		Irritable Bowel Syndrome		Trigeminal Neuralgia	

Does the patient have any other medical conditions or allergies (e.g. to foods or or medicines) not included in the above list? If so please tell us about them

Is the patient pregnant? Yes ☐ No ☐ Don't know ☐

Is the patient breast feeding? Yes ☐ No ☐

Does the patient have difficulty opening child resistant container Yes ☐ No ☐

Have you ever used this service before? Yes ☐ No ☐

Have you already registered with the boots.com website? Yes ☐ No ☐

Do you usually get your prescribed medication from Boots? Yes ☐ No ☐

In future, would you like Boots to send you information about conditions you may have and on living a healthy active life? Yes ☐ No ☐

The information provided in this form will remain confidential . Only authorised Boots staff will have access to it. We will only share this information with your permission, or where we are legally obliged to do so

Please allow 5 working days from posting your prescription before delivery.
Please be aware that you will need to be available to sign for receipt of the medicines
We will e-mail you the day we despatch your order