

# Pharmacy Consent Form

## The pharmacist will:

- Share information with, the prescriber and key drug worker on a need to know basis only- for your improved your health
- Dispense your medication in accordance with the written instructions on the prescription
- Provide a discreet area for supervision
- Keep records of your attendance
- Supervise your consumption of medication, if requested by the prescriber
- Have a shared responsibility for your care
- Refer you back to the prescriber if you miss three or more consecutive daily doses
- Withhold your prescription if you attend intoxicated
- Provide a dispensing service until your treatment is complete
- Reserve the right to withdraw a dispensing service if there is a breach of the agreement
- Provide health promotion information and advice on drug related issues
- Provide advice on general health care

## The patient will:

- Attend the pharmacy at a time agreed with the pharmacist
- Attend alone and leave pets outside
- Consume the supervised medication in front of the pharmacist if requested
- Treat pharmacy staff and property with respect
- See the prescriber or drugs worker if three or more consecutive daily doses are missed
- Forfeit all the days of a missed pick up if s/he does not turn up on the date of pick-up: unless the following text has been added:  
**“Instalment prescriptions covering more than one day should be collected on the specified day; if this collection is missed the remainder of the instalment (i.e., the instalment less the amount prescribed for the day(s) missed) may be supplied.”**
- Consent to necessary information being shared with the prescriber and or drugs worker
- Attend the named pharmacy until treatment is complete (unless exceptional circumstances require a change in pharmacy).

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I have read and understand the above information I agree to the terms set out.

Signature (Patient):.....Date:.....

Name:.....

Signature (Pharmacist):.....Date:.....

Name:.....