

J M W Vicary Pharmacy

Stanbridge Road, Haddenham, Aylesbury, HP17 8JX

Phone: 01844 291960

Patient Registration Form

Your Details																	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other																
First name																	
Surname																	
Address																	
Post Code																	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female																
Date of Birth	D	D	M	M	Y	Y	Y	Y									
E-mail:																	
Tel./Mobile No.:	<input type="checkbox"/> Home										<input type="checkbox"/> Mobile:						
Delivery Preferences	<input type="checkbox"/> Please tick the if you are happy for us to deliver your medication																

Surgery / Doctors Details
<input type="checkbox"/> The Rycote Practice
<input type="checkbox"/> Unity Health Centre

Payments, Exemptions & consent
<input type="checkbox"/> Please tick if you pay for your prescription. We will call you to take payment details when you order your prescription.
<input type="checkbox"/> Please tick, if you have a prescription pre-payment certificate.
Please fill below section if you do not pay for your prescription. The patient :
<input type="checkbox"/> is 60 years and over
<input type="checkbox"/> is under 16 years
<input type="checkbox"/> is in full-time education (age between 16-18)
<input type="checkbox"/> has a maternity exemption certificate
<input type="checkbox"/> has a war pension exemption certificate
<input type="checkbox"/> is named on a current HC2 charges certificate
<input type="checkbox"/> gets Income Support or Income-Related Employment and Support Allowance
<input type="checkbox"/> gets Income-Based Jobseeker Allowance
<input type="checkbox"/> is entitled/named on a valid NHS Tax Credit Certificate
<input type="checkbox"/> gets Universal Credit and meets the necessary NHS criteria
<input type="checkbox"/> himself/herself or a partner who gets Pension Credit Guarantee Credit (PCGC)
I give Consent for following:
<input type="checkbox"/> order & collect my repeat prescriptions by EPS, fax or Post
<input type="checkbox"/> Receive call/text/e-mail messages
<input type="checkbox"/> Access my Summary Care Records
(For more information on the Summary Care Record, please visit www.digital.nhs.uk/summary-care-records/patients)

The above information will be used for sharing with GP & storing for records keeping purposes.

Patient Signature:

Patient's Representative Signature:

Date: