

Pill/Patch Check (only use this if you are already established on a prescription)

Name	Click or tap here to enter text.	
Date of birth	Click or tap here to enter text.	
Telephone number	Click or tap here to enter text.	

Either	I am having problems and need a practice nurse appointment (A prescription will not be issued)	<input type="checkbox"/>
Or	I am happy with my current pill. I have no significant side effects and have NOT developed any NEW medical conditions since my last prescription. I wish to continue the same prescription for another year	<input type="checkbox"/>

Safety

Blood Pressure (Home machine, at pharmacy, in our waiting room pod etc)	Click or tap here to enter text.	mmHg
Weight	Click or tap here to enter text.	Kg
Height	Click or tap here to enter text.	m
Smoking	Never smoker	<input type="checkbox"/>
	Current smoker or current vaper	<input type="checkbox"/>
	Ex smoker	<input type="checkbox"/>

Now return this document to Quarryfoot to clinical.S77074@nhs.scot or by post or by hand.

A clinician will review the information and issue a script within 48h of receipt.

We will send it to your nominated pharmacy (if you have already made an arrangement with us.)
Otherwise it will be left at reception for you to collect in person.

If there is a problem then we will contact you on the number you have written above.