

Tamiflu Medication Questionnaire

The Medical Centre
 392 Little Horton Lane
 Bradford
 BD5 0NX

T: 08454 379456
 F: 01274 750663
info@hghealthcare.co.uk

Please complete one questionnaire for each member of your family. Parents or guardians must complete the questionnaire for those children under the age of 16 and either email to info@hghealthcare.co.uk or fax to 01274 727696

Title	Mr/Mrs/Miss/Ms	
First Name		
Last Name		
Address		
Postcode		
Contact phone number		
Date of birth		
Name of GP		
Address of GP		
Please answer the following questions		
	YES	NO
Do you currently have an unstable or severe medical condition?		
Do you have a known allergy to Oseltamivir?		
Do you have Chronic renal disease?		
Are you currently taking any other medication?		
Do you suffer from high blood pressure?		
Are you pregnant or currently breastfeeding?		
If any of the above answers are YES then please give details below		

TERMS & CONDITIONS

Please read the terms and conditions below:

Availability of treatment under this programme is conditional upon formal acceptance of these Terms and Conditions.

In order to comply with the rules relating to Prescription Only Medicines (POM) it is necessary for you to provide to H&G Healthcare Ltd information about your medical history as requested in the above questionnaire This information will be retained by H&G Healthcare as a medical record.

Information provided by you and members of your immediate families must be true and up to date.

To provide honest information about you and your families medical history and known allergies to medicine.

Accuracy and honesty in providing information is vitally important in order to ensure that Tamiflu is appropriately prescribed.

H&G Healthcare reserves the right to refuse treatment if it is of the belief that you have not been open and honest in providing information.

Any Tamiflu that is provided is only to be used by the person for whom is prescribed. Sale or redirection of the Tamiflu to any other person is a breach of this agreement and against the law.

H&G Healthcare Ltd give no warranty or undertaking that any treatment provided by the programme will be effective

In so far as it is permitted by law, H&G Healthcare cannot accept any liability for death, personal injury or loss in the event of incorrect information being provided to it under this questionnaire.

You agree to maintain any supplies of Tamiflu supplied to you for the use of yourself and members of your immediate family in a safe and secure manner until usage is required. Tamiflu should not be left in an accessible area in the home, but in a secure cupboard or similar place and out of reach of children.

Tamiflu is to be used according to advice provided by the medical team at H&G Healthcare Ltd and in accordance with Tamiflu's licensed indications. This includes completing the full course of treatment, as failure to do so may cause the development of resistant strains in the wider population. The patient information leaflet contained in the pack should be read before Tamiflu is taken.

Personal information about you and members of your immediate family will be kept in confidence by H&G Healthcare Ltd, but by agreeing to these terms and conditions you and members of your immediate family agree that such information may be provided to other people who need the information in order to generate the prescription for Tamiflu

Please sign below if you agree to these Terms and Conditions?

Signature of patient: date:

Signature of parent or guardian if patient is under the age of 16: Dare:

Please email the completed form to info@hghealthcare.co.uk

Or fax back to 01274 727696

Your medication will be despatched to you by courier and will require a proof of signature upon delivery.

Upon receipt of your medication you MUST read the information leaflet contained in the pack.

If you have any questions or concerns about your Tamiflu medication you should contact your GP or telephone H&G Healthcare on 08454 379456.