

WESTERN HEALTH & SOCIAL SERVICES BOARD

DISPENSING PATIENTS

To help us assess your eligibility to join dispensing list please complete this form. All information provided will be treated in the strictest confidence. Please note that, where there is a chemist within 1km of your GP Surgery or a chemist provides a collection and delivery service in your area, you will normally be required to obtain your medicines from a chemist unless you have difficulty in doing so.

What surgery do you normally go to get your drugs? **SPERRIN FAMILY PRACTICE, PLUMBRIDGE**

I wish to be admitted to the dispensing list of **Dr D MCAULEY** because:

(Please answer all questions)

		YES	NO
1	I live more than 5 Kilometres (3.1miles) away from the nearest chemist		
2	I have easy access to a telephone		
3	I am housebound		
4	There is no one to collect my medicine(s)		
5	I have easy access to a car		

Please provide any additional information which you feel may be relevant to your applicant (continue on the back of the page)

I declare that the information given by me in this questionnaire is true and accurate:

NAME (BLOCK CAPITALS)

DATE OF BIRTH

H&C NO:

SIGNED:

Date:

Address:

Postcode:

This is essential to process the application