

Gluten-Free Food Service Patient Registration Form



GPs/Dietitians please complete and sign this part of the form and allow patients to take it to the pharmacy of their choice.

Patient's full name			
Patient's CHI number			
Date of Birth		Male	Female
Address			
Postcode			
Patient's GP/Surgery and Practice Code			
Patient's contact telephone no. and/or e-mail address			
Condition	Coeliac Disease		Dermatitis Herpetiformis
Carer Details (if appropriate)			

The above patient should receive the following GFFS units per month (in figures)
 (in words). Please see Coeliac UK recommended allocated units (www.coeliac.org.uk).
 I have/have not (please delete) given prescriptions for one month's supply of products.
 I will no longer supply GFF for this patient from ____ / ____ / ____ (date).

Signature		Date	
Name		GMC No or Dietitian No	

.....
Pharmacists please complete and sign this part of the form.

Registration date	
Patient Care Record (PCR) completed	
Pharmacy Coeliac Annual Assessment required	
Name and address of Pharmacy	

Pharmacist's declaration I declare that the information I have given on this form is correct and complete.

Pharmacist's Signature		Date	
Contractor's Code		Pharmacy Stamp	

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Patients please complete and sign this part of the form.

I agree to obtain my gluten-free foods from the above pharmacy as detailed. To enable the NHS to ensure accurate payment and for the purposes of prevention, detection and investigation of crime, I understand that my data will be shared with the Common Services Agency, NHS Business Services Authority, the Department for Work and Pensions, HM Revenue and Customs, the pharmacy contractors representative body in Scotland and Local Authorities.

Patient's Signature		Date	
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IMPORTANT NOTES FOR PATIENTS

The NHS may use the information on this form to:

- Assist in the provision and improvement of NHS Services; and
- Improve the health of the public.

Information which could identify you will not be used by NHS Services unless:

- You have consented.
- It is allowed or required by law.

NHS Scotland Counter Fraud Service may request access to the information on this form.

HELPFUL INFORMATION

NHS Inform is a national service providing a single source of quality assured health information and self care advice. Further information can be found at www.nhsinform.co.uk