

Pharmacy Stamp



Consent to participate in the:

NHS New Medicine Service / NHS Medicines Use Review Service*

*delete as applicable

Patient name and address	Bag label	Telephone:
		Mobile:

I agree that the information obtained during the service can be shared with:

- my doctor (GP) to help them provide care to me
- NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy
- NHS England, the NHS Business Services Authority (NHSBSA) and the Secretary of State for Health to make sure the pharmacy is being correctly paid by the NHS for the service they give me.

Signature		Date	
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The NHS asks us to collect information on the ethnicity of people using this service.

What is your ethnic group? Please choose one section from A to E, then tick the appropriate box to indicate your ethnic group.

A - White <input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Any other White background	B - Mixed <input type="checkbox"/> Mixed - White and Black Caribbean <input type="checkbox"/> Mixed - White and Black African <input type="checkbox"/> Mixed - White and Asian <input type="checkbox"/> Mixed - Any other mixed background
C – Asian or Asian British <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Any other Asian background	D – Black or Black British <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Any other Black background
E – Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	