

Headlice Form - April 2009 HL1
Kirklees PCT

HL1 v1 14/5/2009

Office Use ONLY - Month Received:

January February March April May June July August September October November December

Family Name:
(Surname)

Family House Number:

Family House Postcode:

1 2 3 4 5 6 7 8 9 0 X

Initial Counselling and Advice given Yes No I have received initial counselling and advice for my household. Please sign below (patient):

Date Signed:

GP Practice:

I declare that the reasons for exemptions are true and complete

WARNING - FALSE INFORMATION MAY LEAD TO PROSECUTION OR LEGAL ACTION

Section A: Details of all household members providing samples	Section B: Please use a "X" to identify which product each person received		Paid	Exempt Please give the reason code (see overleaf)
	No Infection Proved Please "X" where applicable	First Line Treatment (Hedrin 50ml x 2)		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have received treatment for the people above
Please sign below (patient):

Date Signed:

School(s)/Nurseries attended (where applicable):

Pharmacy Code:

Pharmacist Signature:

RPSGB Number:

Date Signed:

1 2 3 4 5 6 7 8 9



DECLARATION OF EXEMPTION

NOTE - You **will** be asked to show proof that you do not have to pay prescription charges, such as a benefit book or exemption certificate.

The patient does not have to pay because he/she:

- A Is under 16 years of age
- B Is 16, 17 or 18 **and** in full time education
- C Is 60 years of age or over
- D Has a valid maternity exemption certificate
- E Has a valid medical exemption certificate
- F Has a valid prescription pre-payment plan
- G Has a valid War Pension exemption certificate
- H Gets Income Support (IS)
- K Gets **income based** Jobseeker's Allowance (JSA (IB))
- L Is named on a current HC2 charges certificate
- M Is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
- S Has a partner who gets Pension Credit Guarantee Credit (PCGC)