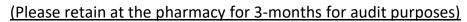
HEAD LICE SERVICE CONSULTATION FORM





<u>Details</u>
Date:/ Family Postcode:/
Family Surname Pharmacy Code: F
Initial Counselling
Only 'X' the boxes below if the patient(s) present(s) to the pharmacy with no evidence of infection. Marking this box will indicate that NO drug treatment has been provided.
Initial Counselling & Advice Given
Head lice Comb Supplied
Patient Declaration I have received information on head lice, how to check for current infection and how to access the pharmacy head lice service.
Patient / Representative's signature: Date / /
Supply of Treatment
Total number of head lice samples reviewed:
Number of patients with confirmed head lice:
<u>Products supplied</u> (Indicate the quantity of each product supplied under a FP10 exemption or FP10 charge paid in the boxes below. Products supplied OTC must <u>not</u> be included in this section).
Derbac M Liquid 50ml: Hedrin Lotion 50ml: Wet combing method:
Derbac M Liquid 200ml: Hedrin Lotion 150ml:

Pharmacist Declaration
(Must be signed by the accredited pharmacist)
I certify that the patient(s) does(do) not have to pay for this treatment.
I certify that I am named in the Local Enhanced Service (LES) authorisation agreement and
that I have carried out the duties as stated in the LES
Signed (pharmacist):
GPhC Number: Date://
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 metions does not have to new horseyes he /sho.
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
Has a valid prescription pre-payment plan
G Has a valid War Pension exemption certificate
H Gets Income Support or income-related Employment and Support Allowance
K Gets income based Jobseeker's Allowance
L Is named on a current HC2 charges certificate
Is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
N Has paid the current FP10 charge
Has a partner who gets Pension Credit Guarantee Credit (PCGC)
Patient Declaration
(To be completed or on behalf of ALL patients)
Where appropriate, I have received information about head lice infection, detection combing and
how to access the Community Pharmacy Head Lice Service.
Exemption declaration. I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable NHS England to check I have a valid exemption and to help prevent and detect fraud, I consent to the disclosure of relevant information on this form to appropriate NHS and governmental bodies.
Patient / Representative's signature:
Date: / /