

# CONSENT FORM & PHARMACY DETAILS



## VACCINE:

I .....

**DO / DO NOT CONSENT to an influenza vaccination given by a GP at Tuia Lodge**

Signature		Date	
Advocate		Date	

## PHARMACY DETAILS

### PATIENT DETAILS

Name			
Date of Birth			
Medicare Number		Medicare Expiry	
Centrelink Concession		Pensioner Card No.	
Allergies			

### NEXT OF KIN DETAILS

Name			
Number			
Relationship to Resident			

### DOCTOR DETAILS

Name			
Number			
Practice Address			

### PREVIOUS PHARMACY DETAILS

Pharmacy Name			
Contact Number			
Email Address			
Postal Address			
Account Name			

<b>SIGNATURE OF APPLICATION</b>			
<b>DATE</b>		Every application must include a copy of the ACAT. Applications cannot be accepted without this.	