friends of Palliative Care

Pharmacy Account request.

Friends of Palliative Care can establish pharmacy accounts to support palliative patient's who live within the Maitland, Kurri Kurri, Cessnock, Singleton, Dungog and surrounding areas.
These accounts are established with an agreed monthly ceiling of $300 per patient.

To request an account, this form must be filled out by a health care professional and returned to friendsofpalliativecare@gmail.com.

Patient name:	
Patient Date of Birth:	
Is the patient receiving palliative care?	☐ Yes ☐ No Which service:
Patient address:	
Patient phone number:	
Next of kin name & relationship:	
Next of kin phone number:	
Does the patient agree to this referral:	☐ Yes ☐ No
Does the next of kin agree to this referral :	☐ Yes ☐ No
Is the patient financially disadvantaged? (i.e. have other avenues of support been considered?):	
Please provide the name and address of the preferred pharmacy of the patient	
We usually deliver a gift pack to the patient when we set up the account – is this permitted by the patient	☐ Yes ☐ No
Is the patient on webster packs	☐ Yes ☐ No
Brief comments about the patient's situation:	

Form completed by: _____

Date: _____

All enquiries/requests must be submitted via email only.
Please return the completed form to friendsofpalliativecare@gmail.com
Please allow up to 48 hours for a response from one of our volunteers.
For URGENT ONLY ENQUIRIES please call
0406 057 983 (Louise) or 0416 073 203 (Bel)

friends of Palliative Care

Pharmacy account assistance:

Patient name:

Contact Number:

Patient address:

Friends of Palliative Care have received a request to establish a pharmacy account for you from your palliative care health care team. This account will be established in your name and is for the purchase of prescription medications and associated items for your use to the value of up to $300 per month.

Associated items include those not covered by a script, but which you may require, such as inhaler medications, wound dressing products, and incontinence products. Please speak to your referrer if you require other items not listed in this letter but associated with your healthcare needs. Please note, this account will not cover non-medical items, or purchases for other family members or friends.

We are happy to be able to support you in this way and are grateful to our local community for their support, as it is from donations that we are able to offer this to you. Friends of Palliative Care Inc does not receive government funding and relies solely on the generosity of the local community and support of local businesses.

To help us finalise this request, we appreciate your acknowledgement of the following conditions:

- I understand this account is for the use of the below-named person only
- I understand FOPC will cover medications and associated items as outlined above
- I understand that should the account exceed $300 in a month, I will be responsible for payment of any outstanding amount.
- The pharmacy where I wish this account be set up is ;
  _____

Patient:

Signed: _____
Name:_____
Date:_____
Contact number:_____

Next of Kin/Guardian:

Signed:_____
Name:_____
Date:_____
Contact number:_____

Referring person:

Signed: _____
Name:_____
Date:_____
Contact number:_____
Designation: _____

~Instructions for Palliative Care/referring team~

-Please ensure your patient and their family understands the conditions outlined in this document.
-Once signatures have been obtained, please take a photocopy/photograph of this document and leave the original document with the patient.
-Please visit www.friendsofpalliativecare.org.au to submit your request for the pharmacy account and ensure you upload a copy of this document with your request.
-Requests will not be considered until all signatures are obtained and all fields on the online request form are completed.

For any questions or concerns relating to your pharmacy account, please reach out to your palliative care team who will then get in touch with us.
In urgent situations, please email us at friendsofpalliativecare@gmail.com and one of our volunteers will respond to you as soon as possible.

Kind regards,

Montana Duggan
President for Friends of Palliative Care Inc