Club CHOICE Member Registration Form

Member Details

Eligibility: ☐ Medication Management Client ☐ Organisation Partner ☐ Full fee paying ($79 p.a.)

Title: _____ *First Name:* _____ *Last Name:* _____ *D.O.B:* _____

*Mobile #:*_____ *Home PH:*_____ *Email:* _____

Address: _____

Home delivery special instructions: _____

Medicare #: ☐☐☐☐☐☐☐☐☐☐ *Expiry Date:* _____

*# Concession/Pension/Safety Net / DVA (# and colour):*_____ *Expiry:*_____

GP: _____ *Prior Pharmacy:* _____ *Home Care Provider:* _____

Drug Allergies: _____

Would you like your prescriptions and repeats kept on file at the pharmacy? ☐ Yes or ☐ No

Next of Kin name: _____ *NOK Phone:* _____

Privacy Statement: This information is required by legislation to dispense medications and process PBS entitlements.

Payments

To be completed by the person responsible for payment of this account

Account holder details (only complete if not the above Member):

Name: _____ *Mobile #:*_____ *Home PH:*_____

Relationship to Member: _____ *Email:* _____

Address: _____

Invoice to be sent via: ☐ *Email* *or* ☐ *Post*

☐ **Direct Debit** (I/we authorise for funds to be debited from the below account in accordance with the monthly account invoice. I understand that further information for this Direct Debit arrangement will be forwarded by the pharmacy)

Bank/Institute: _____ *Account Name:* _____

BSB #: ☐☐☐☐☐☐ *Account #:* ☐☐☐☐☐☐☐☐☐

☐ **Credit Card** over the phone

☐ **Pay at the pharmacy** with cash or card/EFTPOS

Specifications

Medication Management Client is a member who utilises Choice Chemist's FREE professional services such as Dose Administration Aid (DAA) packing and Home Medication visits.

Organisation Partner members are affiliated with our community care or independent living provider partners; and staff and their families from the following organisations: Wagners/Wellcamp Airport and Choice Chemist/Choice Aged Care.

FREE delivery is available to those members who have their medications packed and delivered in a DAA; or have an order with PBS medication/s; or for front-shop/OTC orders over $99.

Choice Chemist's **$0 cost medications** are available to Members who have their medications packed in a DAA and are limited to non-PBS items (by law) and have strong evidence for safety and efficacy (e.g. paracetamol 500mg and vitamin D 1000iu).

Authorisation

- ✓ I confirm consent for Choice Chemist to provide my pharmacy supply service in accordance with the rewards and professional support offered by the Club CHOICE program.
- ✓ I understand that in the normal course of delivering a quality medication management service, the Pharmacist may need to directly contact my next of kin, doctor or community nurse.
- ✓ All costs as per the monthly account invoice will be payed in full, on time and as specified above.
- ✓ I consent to the use of generic medication brands unless otherwise specified by myself or the GP.
- ✓ If any of the above information changes, I will contact the pharmacy to update my details.

Signature/s: _____ ***Date***: ____ /___ /_____

Please Return Completed Form to:

POST: *Choice Chemist Australia. PO BOX 6568, Clifford Gardens, QLD 4350*

IN-PERSON: Wellcamp Airport, Shop #2 (departures lounge)

EMAIL: pharmacist@choicechemist.com.au **FAX**: 1300 276 087

The pharmacist is also available by phone: 1300 416 739