

## PreP final Version Consent Section: November 2020

**Please read carefully as you will be asked to confirm these statements as part of the medical questionnaire for our doctors to prescribe PreP medication**

**Please read the below. Do you agree to to the following regarding your PrEP treatment?**

If I develop HIV or hepatitis, I will stop taking PrEP and immediately seek advice from a sexual health clinic.

I will have a full STI screening test every three months whilst I am taking PrEP.

PrEP can help protect me against HIV but offers no protection against other STIs.

I will have a blood test every year and a urine test every 3-4 months to check my kidney function whilst I am taking PrEP.

I will not take ibuprofen, diclofenac, aspirin, naproxen or any other Non steroidal medication whilst on PrEP treatment as this may damage my kidneys.

You will contact us and inform your GP of your medication if you experience any side effects of treatment, if you start new medication, or if your medical conditions change during treatment.

**I agree with the above terms**

**Consent to care - do you agree with the following specific to PrEP?**

PrEP is being provided for me to be used as part of an overall HIV-1 prevention strategy, including the use of other HIV-1 prevention measures (eg consistent and correct condom use, knowledge of HIV-1 status, regular testing for other sexually transmitted diseases).

I understand that PrEP is not always effective at preventing the acquisition of HIV.

I understand that PrEP should only be used to reduce the risk of acquiring HIV-1 in individuals confirmed to be HIV negative. Individuals should be re-confirmed to be HIV-Negative at frequent intervals eg every 3 months using a combined antigen/antibody test while taking PrEP for pre-exposure prophylaxis.

I understand that I should still practice Safe-sex whilst taking PrEP.

I understand that the effectiveness of PrEP in reducing the risk of acquiring HIV-1 is strongly correlated with adherence to the recommended daily dosing schedule.

PrEP can help protect me against HIV but offers no protection against other STIs.

**I agree with the above terms**

**Is there anything else which you feel we should know about prior to you taking this medication?**

## Consent to Care

The treatment is solely for my own use.

I understand that this is an online service and I have not received a face to face consultation or a physical examination whilst accessing this service.

I have responded to all the questions truthfully and accurately and understand that the medication has been provided to me on the basis of those responses.

If I am unsure about what any of the questions mean that I should contact Oxford Online Pharmacy via telephone 01295 262 925, and a member of the pharmacy staff will guide me through the questions. I can also contact them via email [info@oxfordonlinepharmacy.co.uk](mailto:info@oxfordonlinepharmacy.co.uk).

I am over the age of 18 and under the age of 65 and I have entered my own information for the identity verification checks.

I give my consent for Oxford Online Pharmacy's prescribers and/or pharmacist to access my NHS summary care record (SCR). This gives details of any medication prescribed by your own GP as well as allergies etc.

I understand the doctors take my answers in good faith and base their prescribing decisions accordingly, and that incorrect information can be hazardous to my health.

By providing us with your details and placing an order for products or services, you confirm by ticking this box that you have read, understood and agree to the [Legal Terms](#) and you consent to the sharing of your data to avail of the services and identity verification. If you have trouble understanding or need more advice please contact us to ask for extra help. Telephone: 01295 262 925.

**Do you declare that all of the answer forms on this website have been completed truthfully and that you are in a fit and proper condition to consent to the treatment provided?**

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Finish