



## Patient Health and Allergy Information

- This form can be used for patients who attempted to enroll in GSK Access but have not yet provided health and allergy information.
- Please return this form along with any additional required documentation by mail or fax to GSK Access:  
GSK Access  
PO Box 52046  
Phoenix, AZ 85072-2046  
Fax Number: 1-866-518-3994

### Patient Information (Required)

Patient ID Number:

Patient Name: \_\_\_\_\_

### Allergy and Health Condition Information (Required)

List any known drug allergies: \_\_\_\_\_ Check box if none

List any known health conditions: \_\_\_\_\_ Check box if none

### Patient Signature (Required)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_