GSK Patient Assistance Program
PO Box 220590, Charlotte, NC 28222-0590
Phone: 1-866-728-4368, Fax: 1-855-474-3063
Monday – Friday 8am-8pm ET

Patient Health and Allergy Information

- **This form can be used for patients who attempted to enroll in GSK Patient Assistance Program but have not yet provided health and allergy information.**

- **Please return this form along with any additional documentation by mail or fax to:**

GSK Patient Assistance Program
PO Box 220590
Charlotte, NC 28222-0590
Fax Number: 1-855-474-3063

Patient Name: _____ **DOB:** _____

Patient ID: _____

Drug Allergies: **Do you have any known drug allergies?** **Yes** ☐ **No** ☐

If yes, list any known drug allergies:

_____

_____

Health Conditions: **Do you have any known health conditions? Yes** ☐ **No** ☐

If yes, list any known health conditions:

_____

_____

Patient Signature: _____ **Date:** _____

For information about how GSK handles your information, please see our privacy notice at https://privacy.gsk.com/en-us.