**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:** _____