

Ashcroft Surgery Agreement

Name:

Doctors Name:

I Agree That:

1. My medication and any changes in dose will be decided by negotiation.
2. I will meet regularly with my named doctor as agreed to discuss my medication. Failure to attend these appointments will result in my medication being stopped.
3. I will give a sample of my own urine whenever asked to do so.
4. I will not approach any other doctor, including other doctors in the practice, to obtain drugs or try to obtain drugs out of hours. If my named doctor is away another doctor will be allocated to me.
5. I will look after my prescriptions and medications as neither can be replaced for any reason.
6. I will not arrive at the surgery in an intoxicated state or be abusive or violent to any of the staff. I understand that this kind of behaviour may result in my being asked to find another doctor.

I Understand That:

1. If I continue to use street drugs chaotically my medication may be stopped.
2. Drinking alcohol whilst on methadone is dangerous.
3. My medication may make me drowsy and I have been advised not to drive or operate machinery.

Signature

Doctors signature

Date: