

ASHF ROFT SURGERY METHADONE AGREEMENT

NAME:

DOCTORS NAME:

DATE:

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 this 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 this kind of behaviour will result in my being asked to find another doctor.

No ~~approval~~ ~~7/11/11~~

Understand that:

1. If I continue to use street drugs 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 operate machinery.

Signature:

Doctors signature: