NEW PATIENT REGISTERING WITH THE PRACTICE FORM

SURNAME:		FORENAME(S):		TITLE: Mr/ Ms/Miss/Mrs/ Dr/ Prof (Please circle as appropriate)	
MAIDEN NAME: (If applicable)		DATE OF BIRTH:		TELEPHONE NUMBER:	
ADDRESS:		NEXT OF KIN: Name: Address: Telephone No: Relationship:		CARERS: Are you a carer: YES / NO Have you a carer: YES / NO Details:	
ASTHMA DIABETES EPILEPSY OTHER: (Please give details below)		EMERGENCY CARE SUMMARY: I give my consent to my medical information being shared with Medical Staff in Hospitals / Out of Hours Service Providers: YES: NO: (You must tick one of these responses)		• NEVER SMOKED • NEVER SMOKED • SMOKER / DAY • EX- SMOKER / DAY • E- CIGS / DAY • TOBACCO / DAY • OTHER (Please give details below :)	
REPEAT MEDICATION	D	RUG NAME	STREM	<u>IGTH</u>	DOSE

TO COMPLETE YOUR REGISTRATION WITH THE VICTORIA PRACTICE PLEASE ENSURE:

- This form is completed and that you have read, understood and signed our Practice policy overleaf
- ¬ You have supplied a list of your medication
- ¬ You have provided Photographic ID and proof of address
- ¬ If you are registering a child under 6 years old please bring a record of all vaccinations (RED Book)

REASON FOR REGISTERING AT THIS PRACTICE (E.G. RECOMMENDATION / FAMILY REGISTERED AT PRACTICE / REMOVED FROM ANOTHER GP PRACTICE / MOVED TO AREA)

PRACTICE POLICY ON THE SUPPLY OF DRUGS LIABLE TO ABUSE/MISUSE

Repeat prescriptions of certain drugs will only be issued after approval by the GP and normal practice arrangements will apply (ready to collect 48 hours after ordering).

There are specific rules for the classes of drugs listed below, which can be dangerous long-term. Practice policy is to reduce these drugs through a reduction programme.

If you have any queries regarding your medication, please speak to our Practice Based Pharmacist, Claire Hetherington.

¬ PAINKILLERS

Examples: CO-CODAMOL / CO-DYDRAMOL / CODEINE / TRAMADOL / MORPHINE / OXYCODONE / DIHYDROCODEINE / PREGABALIN / GABAPENTIN / PAIN PATCHES

These drugs will only be supplied where the GP is satisfied there is an on-going clinical need.

¬ MEDICINES FOR ANXIETY / INSOMNIA

Examples: DIAZEPAM / TEMAZEPAM / ZOPICLONE / ZOLPIDEM / NITRAZEPAM / LORAZEPAM

These drugs are licensed for NHS prescriptions for **short term use only**. Patients will therefore not be prescribed with prescriptions for maintenance doses of these drugs. The Practice will work with patients who commit themselves to reducing and stopping these drugs.

¬ ANTIDEPRESSANTS / ANTIPSYCHOTICS / ANTICONVULSANTS

Examples: FLUOXETINE / CARBAMAZEPINE / PAROXETINE / OLANZAPINE / QUETIAPINE MIRTAZAPINE / SERTRALINE / CITALOPRAM

These drugs are prescribed only for certain disorders often on the advice of a

Consultant Psychiatrist. Repeat prescriptions will only be issued when the GP is satisfied that there is a genuine need or if there is a written report from a psychiatrist indicating that a treatment is <u>currently</u> recommended. The Practice is keen to help those with genuine psychiatric problems.

DECLARATION FOR NEWLY REGISTERED PATIENTS

I have read and fully understand the practice policy on this subject. I agree to comply with its provisions at all times while I am registered at The Victoria Practice.

I do not take any of the above classes of dr	ugs.
Name:Da	ate of Birth:
Signed:	Date: