

PRACTICE POLICY ON HYPNOTICS, ANXIOLYTICS & PAIN MEDICATIONS

PRE-REGISTRATION QUESTIONNAIRE

Any new patients currently prescribed hypnotics (sleeping tablets), anxiolytics or certain pain medications included in the list of medicines below, may be placed on a withdrawal regime at the time of registration unless a GP feels this is not appropriate.

| | | | |
|---------------------|--|----------------------|--|
| Patient name | | Date of birth | |
|---------------------|--|----------------------|--|

Please sign a) or b) below:

PART A

I am not currently prescribed or taking any of the following medications:

Hypnotics & Anxiolytics

Diazepam, Flurazepam, Loprazolam, Lorazepam, Lormetazepam, Nitrazepam, Oxazepam, Temazepam, Zopiclone, Zolpidem and Zaleplon

Pain Medications

Morphine, Oxycodone, Fentanyl, Pregabalin, Gabapentin

Signature: **Date:**

PART B

I am currently prescribed or taking at least one of the following medications:

Hypnotics & Anxiolytics

Diazepam, Flurazepam, Loprazolam, Lorazepam, Lormetazepam, Nitrazepam, Oxazepam, Temazepam, Zopiclone, Zolpidem and Zaleplon.

Pain Medications

Morphine, Oxycodone, Fentanyl, Pregabalin, Gabapentin

By registering with this practice, I agree to be started on a withdrawal regime unless a GP feels this is not appropriate.

Signature: **Date:**