**New Patient Agreement Form – Updated October 2022**

Please read through **ALL** the information below before signing. The surgery will retain a copy in your records.

**NAME: DATE OF BIRTH**

**Routine appointments and emergency appointments**

For routine GP telephone consultations I can book up to one week in advance (7.30-8.30am) or on the day. There is a limit to the appointments available and I may need to call back. The appointment system is subject to change. Note receptionist are not permitted to book patients for face to face appointments with the GP.

I will only request an emergency appointment for a medical condition that I feel requires urgent treatment that same day.

To ensure I am directed to the correct Health Care Professional the staff may ask me for some brief details for the reason for my call.

**Lateness/Failure to attend**

I agree to attend on time for all appointments that I book with the practice and cancel any I cannot attend.

I acknowledge that if I arrive late for an appointment or fail to answer for my telephone consultation, I may be asked to rebook for another time. I acknowledge that if I fail to attend or answer for 3 appointments the Practice may remove me from the List.

**Home Visits**

I accept that Home Visits are only for housebound patients or for seriously ill patients who cannot attend the GP surgery. Home Visits should be requested before 10.30am.

**Prescriptions**

I agree to request any repeat prescriptions two full working days before collection. It is my responsibility to ensure I have sufficient medication and I need to store this safely and securely. Any medication requested that is not on my reorder slip is called a ‘special request’ and is not guaranteed.

**Diazepam/Opioid/Controlled Drug Prescribing**

The Practice is committed to a reduction programme for patients prescribed Diazepam, Sleeping Tablets, Opioid drugs eg Co-Codamol 30/500 and Controlled Drugs eg Pregabalin. I accept that if I am on this medication I will require a medication review and this medication may be reduced or stopped.

**Treatment of staff and GPs**

I accept that all staff and GPs have a right to come to work without being subjected to aggressive behaviour. The Practice has the right to remove me from the Practice List if my behaviour is deemed unacceptable.

**Text Messaging service**

I consent to the practice contacting me by text message to the number registered on my file. I will update the Practice if I change my number.

**Online Access**

I am aware I can request to register for online access which will enable me to request my repeat medication.

**Chaperones**

I am aware that I can request a chaperone during consultations. I will advise the clinician prior to the start of the consultation if I wish a chaperone. The GP may also request that a chaperone is present.

Signed: ……………………………………………………………… Date: …………………………………..