**MEDICATION INFORMATION SHEET** [New Patients registration]

If you are on any of the following Controlled Drugs [CD’s], please let us know further details before your registration paperwork [GMS-1 form] can be processed.

Name of Patient / Carer:

Post code:

Best contact number if further discussion is required:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **MEDICATIONS** | **FREQUENCY** | **INDICATION** |
| 1 | Diazepam  |  |  |
| 2 | Nitrazepam |  |  |
| 3 | Temazepam |  |  |
| 4 | Dihydrocodeine |  |  |
| 5 | Tramadol |  |  |
| 6 | Morphine |  |  |
| 7 | Oxycodone |  |  |

PLEASE NOTE:

* We are a very low prescribing practice for Controlled Drugs.
* We don’t add them to repeat prescriptions on a routine basis.
* A regular review is made to reduce/withdraw and stop Controlled Drugs in most cases.

Signature of patient:

Date:

\*\*\*Please attach a copy of your repeat prescriptions if available\*\*\*