**BURBAGE SURGERY**

**PATIENT CONTRACT**

Name of Patient: ………………………………………………………………………………………………………………....

Date of Birth: ………………………………………………………

NHS Number: ……………………………………………………..

I am a responsible patient. As such, I take full responsibility for my health and my healthcare. My responsibilities include but are not limited to:

* Seeking medical advice when appropriate in an appropriate way
* Understanding the medical advice I receive
* Asking questions when I do not understand the advice offered
* Following the medical advice when mutually agreed upon by my Doctor/Nurse and me
* Taking my medications as prescribed
* Notifying my Doctor prior to stopping my prescribed medication
* Notifying my Doctor should I have any adverse reaction from my prescribed treatments
* Ordering any repeat prescriptions in a timely fashion before they run out
* Keeping my appointments and attending for regular reviews when advised
* Being an active partner in my medical care
* Being honest about what I am doing, taking and who I am seeing
* **I will abide by the Practices Zero Tolerance and Equal Opportunities/Anti discrimination Policies and understand that I will be removed from the Practice list if any unacceptable behaviour is reported.**

I understand that, without my active participation, my Doctor’s ability the help me is limited and any non-compliance to the above contract could be seen as a breakdown of relationship with Doctor/Nurse and the Practice as such I could be asked to leave the Practice and register elsewhere.

*Signed by patient: …………………………………………………………………….*

*Date: ………………………………………………........................*