**Patient Declaration for Dependency Forming Medication**

Opiates, benzodiazepines, and sedatives are dependency forming medication. As such, clinical guidance states that these drugs should only be prescribed for a limited period for select indications and when contraindications to its use are not present. Clarendon Lodge’s policy is based on national guidance. When a clinician feels it is indicated and safe it will be for a maximum of seven days unless advised by a secondary care specialist.

You are being prescribed one of these drugs today, so we need to have an agreement in place that protects you and the practice.

 In signing this document, you (the patient) agree to the following conditions regarding the prescribing of these drugs:

1. I understand that regular use of opiates, benzodiazepines or sedatives is highly addictive and can cause serious harm to my long term mental and physical health including death
2. My GP is responsible for safe prescribing of my medication. My GP will not change the dose of medication without it being advised by a hospital specialist.
3. The duration of my prescription will be for a maximum period of seven days.
4. I will not use my medication other than at the dose and frequency prescribed
5. I am responsible for the security of my medication. Due to the nature of these drugs, any lost, misplaced or stolen medication or prescriptions for medication will not be replaced and must be reported to the police.
6. I will only obtain my medication from my GP or another clinician authorised by them, or a relevant specialist. I understand that no early prescriptions will be provided.
7. I will read the patient information leaflet that accompanies my medication and I will let my GP or specialist know if I experience any on-going/intolerable side-effects.
8. As possible dependency is important with this medication, I will inform the clinician signing this agreement of any present or past dependence on alcohol or drugs that I may have had and of any illegal activity relating to drugs in which I have been involved.
9. I understand that breaking this agreement in any way may result in my being removed from the practice list and having to register at another GP practice.

Prescribing GP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Date: