

The Lade Medical Practice

*Dr C L Hutton
Dr D Dorward
Dr A Solti*

*Drumhar Health Centre
North Methven Street
Perth PH1 5PD
Telephone No. 01738 622421*

Patient Name: _____

Date of Birth: _____

Address: _____

Patient Code of Conduct Agreement

As a Patient with this Practice we aim to provide the highest standards of care to you. Registration with this Practice requires you to agree to the following. Any deviation from this agreement will result in your removal from the list of this Practice.

1. No aggressive or intimidating behaviour demonstrated to any employee or patient of this Practice will be tolerated. Any such displays will result in your removal.
2. Foul, abusive or racist language will not be tolerated and will result in your removal.
3. Any displays of violent behaviour will lead to the Police being called and your immediate removal from the Practice.
4. When requesting an appointment the first routine appointment will be offered to you. Please note GP appointments are 10 minutes long and in that time the GP will only be able to deal with one health issue. Emergency appointments will only be allocated for a medical condition which is clinically necessary to be dealt with on the day.
5. Home visits are only made for housebound patients.
6. Abuse of the appointment system will not be tolerated and where this is demonstrated you will be removed from the Practice list.
7. Repeated failure to attend appointments will result in you being removed from the Practice list.
8. Prescription requests made to the practice are processed within 48hrs – excluding week-ends and Public Holidays. Same day requests for medication will be rejected.
9. Inappropriate prescription requests will be rejected.
10. Persistent loss of prescriptions along with additional top up prescription requests will not be tolerated and will be refused.
11. Persistent poor management of prescriptions will result in your removal from our list.

To confirm your acceptance of these conditions we require you to sign and return this form.

Patient Signature: _____ Date: _____