

Welcome to Hillbank Health Centre

* We aim to process your registration forms as quickly as possible, however we do recommend that you ensure that you have enough medication from your previous practice (if applicable) to last you 1-2 weeks in order to avoid any issues.
* If you are on repeat medication, please include or hand in your repeat form to us in order to allow the GP to add your medication(s) to our system.
* At Hillbank, we currently have 5 GP’s, 2 Nurse Practitioners and 2 Practice Nurses. Our admin team are trained to help guide you to the most suitable member of the team to endure you receive the best care possible.
* Appointments can be booked on the day and a limited amount of appointments can be made in advance. Both telephone and face to face appointments are available. For same day appointments please call **01382 226673** at 8am. For any other enquiries, please call **01382 221976**
* We operate a Zero Tolerance Policy. Any foul, abusive or offensive language / behaviour will NOT be tolerated and may result in you being removed from our practice list.

**Application for Online Access**

|  |  |
| --- | --- |
| Surname: | Date of Birth: |
| First Name: | |
| Address:  Post Code: | |
| Preferred Email Address (not shared): | |
| Mobile Number: | Home Telephone: |

(The email and mobile number will be used by the practice to send you notifications/ reminders.)

**I wish to have access to the following online services (please tick all that apply):**

|  |  |
| --- | --- |
| 1. Requesting repeat prescriptions |  |
| 1. Requesting acute prescriptions |  |
| 1. Contact by Email |  |
| 1. Contact by SMS |  |
| 1. Booking / cancelling / viewing appointments (not available at the moment) |  |
| 1. Accessing my Online Summary (Medications & Allergies) (#93440) (not available at the moment) |  |

**I wish to use Online Services. Please read each statement carefully and tick before signing.**

|  |  |
| --- | --- |
| 1. I have understood the information provided by the practice |  |
| 1. I will be responsible for the security of the information that I see or download |  |
| 1. If I choose to share my information with anyone else, this is at my own risk |  |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement |  |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible |  |

**I understand and agree with all the above statements:**

|  |  |
| --- | --- |
| Signature: | Date: |

**For Practice use only:**

|  |  |
| --- | --- |
| Patients CHI Number: | Vision ID Number: |
| Method:   * Vouching * Vouching with information in records * Photo ID and proof of residence | |
| Identity verified by (Staff Name): | Date: |
| Authorised by:  (#91B) | Date: |
| Date Account Created: | Date Registration letter/email sent: |

**New Patient Registration Health Questionnaire**

Name: Date of Birth:

What medications are you currently taking?:

|  |  |
| --- | --- |
| **MEDICATION:** | **DOSE:** |
|  |  |
|  |  |
|  |  |

Do you have any URGENT health concerns?:

Are you taking any non-prescribed medication?:

Are you allergic to any medication or substance?:

What medical condition do you have?

Heart Attack ☐ Stroke ☐ Diabetes ☐ High BP ☐

Epilepsy ☐ Kidney Disease ☐ COPD ☐ Asthma ☐

Are you currently undergoing treatment under a hospital specialist?

(Please detail condition + where you are being seen. Please forward any correspondence to [tay.hillbankadmin@nhs.scot](mailto:tay.hillbankadmin@nhs.scot) ):

|  |  |  |
| --- | --- | --- |
| **DISABILITY:** | **Yes** | **No** |
| Are you registered disabled? |  |  |
| Are you registered blind or partially sighted? |  |  |
| Are you registered deaf or have hearing difficulty? |  |  |
| Are you dependant on a wheelchair? |  |  |

|  |  |
| --- | --- |
| **CARER INFORMATION:** |  |
| Are you a carer? | Yes/No |
| If Yes, please detail: |
| Do you have a carer? | Yes/No |
| If Yes, please detail: |
| Do you have communication needs? | Yes/No |
| If Yes, please detail: |

|  |  |  |
| --- | --- | --- |
| **SMOKING STATUS:** | **Yes** | **No** |
| Are you a current smoker? |  |  |
| Are you an ex-smoker? |  |  |
| Do you use an electronic cigarette? |  |  |
| Would you like support to quit smoking? |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **Scoring system** | | | | | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you failed to do what was normally expected from your because of you drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |

**Practice use:**

Fast☐

Docman to GP on call ☐

-Admin

-Script

Hillbank Health Centre – Benzodiazepine and Z Drugs patient information.

Practice Copy

Why is my doctor refusing to prescribe or advising me to reduce and stop taking a benzodiazepine or Z drug?

* National and local health authority advice and guidance recognises the harmful effects of long term use and the beneficial effects of reducing and stopping.
* Tolerance (the body becomes “used” to the drug which then loses its effect).
* Dependence (addiction) can develop if taking benzodiazepine or Z drug for more than 2 – 4 weeks.
* You will have fewer side effects. So if you stopped them, you would be:
* More alert
* More aware
* Less depressed
* Less irritable
* More able to concentrate
* Less drowsy
* Less likely to have accidents eg. When driving
* Less likely to make errors and mistakes when working
* Benzodiazepines may interact with other medication.
* Long term studies have shown that when elderly people stop their benzodiazepine drugs:
* They have no-long term effects on sleeping or anxiety symptoms
* Improved memory and reaction times
* Increased alertness
* Improved quality of life
* Studies have shown that older people who continue to take benzodiazepines long term have:
* Increased risk of hip fractures
* Impaired memory and mental ability which may be wrongly thought to be due to dementia.

Why was a benzodiazepine drug prescribed to me in the past?

When benzodiazepine drugs were first issued, they were thought to be safe. The problems with long term use were not known. It is now known that if you take these drugs for more than 2-4 weeks, you may develop the problems mentioned above. Therefore most doctors will now only prescribe benzodiazepines and Z drugs for a very short period.

Your benzodiazepine / Z drug withdrawal plan:

Often coming off benzodiazepine and Z drugs is just a matter of very slowly reducing them. Sometimes however, this isn’t possible because of the type of tablet you are taking. In this situation a common plan is to switch from whatever benzodiazepine tablet or Z drug you are taking to diazepam. With diazepam, the dose can be altered very gradually and with greater ease compared to other benzodiazepines.

Your GP will discuss your medication with you and agree a reduction plan that is suitable.

* Your GP may wish to discuss the indication and assess the condition for which you were originally prescribed benzodiazepine or Z drugs.
* Your GP may suggest alternative strategies to help you cope with these conditions.
* The GP will agree a plan with you that includes the rate of reduction and the frequency of review.
* Part of this may include instalment dispensing from the pharmacy (e.g you collect your diazepam daily or weekly from your usual pharmacy)
* You may be asked to give a urine sample periodically for testing
* In some instances, your GP may consider referral to the addiction or psychiatric services to help you reduce your dependence on the benzodiazepine or Z drug.
* Lost or stolen prescriptions will not be replaced. This is a Practice Policy which is not at the discretion of Admin staff.

For further help and information:

Benzodiazepine Addiction, Withdrawal and Recovery

http://www.benzo.org.uk

BAT – Battle Against Tranquillisers

PO Box 658 Bristol BS99 1XP

Tel: 0844 826 9317

http://www.bataid.org

MIND (for information and advice when dealing with difficult situations, thoughts, feelings, emotions or behaviours.

http://www.shapeofmind.scot.nhs.uk

CITA – Council for information on Tranquillisers and Antidepressants

3-11 Mersey View, Waterloo, Liverpool

L22 6QA

Tel: 0151 932 0102

http://citawithdrawal.org.uk

MOODJUICE (Advice on troublesome thoughts, feelings and actions)

Http://www.moodjuice.scot.nhs.uk

I have read and accept the above Benzodiazepine and Z drugs patient information leaflet:

Patient name Date of Birth

Patient Signature