

MAPLES FAMILY MEDICAL PRACTICE

Dr A K Kothari
Dr R S Rajput
Dr A Hassani

35 Hill Street
Hinckley
Leicestershire
LE10 1DS

Telephone: 01455 234576
Facsimile: 01455 250506

Zero Tolerance Policy

This practice operates a zero tolerance policy which states that where a patient:

- Is physically abusive towards a Doctor, any member of the clinical team or administrative team and any other patient on the premises
- Causes physical damage to practice premises or other patient's property
- Is verbally abusive or makes threats towards a Doctor, any member of the clinical team or administrative team and any other patient on the premises
- Is violent or uses or condones threatening behaviour to a doctor or any member of the primary healthcare team on practice premises or when visiting the patient at home
- Is discriminatory in any form to any member of staff or other patients
- Is discovered to be taking illegal substances (drugs) or under the influence of them on the premises
- Is discovered carrying any weapons of any kind
- Is discovered to be intoxicated on the premises
- Use of social media to post derogatory or hurtful comments about our staff and aspects of the service you are not happy with. (please write to us or call in to discuss any issues)

The practices zero tolerance policy will come into effect to protect any member of the team and other patients.

Patients that do not adhere to the Zero Tolerance Policy will be removed from the practice list and criminal charges may apply.

Please Sign

Date

Signed of behalf of patient (if applicable) (e.g. minors under 16, adults lacking capacity)

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Patient Contract (16 years and up)

Name _____

Date of birth _____

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 a clinician and me
- Taking my medications as prescribed
- Notifying the practice prior to stopping my prescribed medication
- Notifying the practice should I have any adverse reaction from my prescribed medication
- Ordering any repeat prescriptions in a timely fashion before they run out
- Keeping my appointments and attending for regular reviews when advised
- **Non-attendance of appointments would be seen as a breakdown of relationship with the practice and I understand I could be asked to leave the practice list**
- 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 Policy (PTO) 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 clinician's ability to help me is limited and any non-compliance to the above contract could be seen as a breakdown of relationship with the clinician and the practice. Therefore I could be asked to leave the practice and register elsewhere.

Signed by Patient _____

Date _____