

**Calderdale Substance Misuse Programme
Joint Commissioning Team Substance Misuse**

**CALDERDALE SUPERVISED METHADONE DISPENSING
COMMUNITY PHARMACY PATIENT CONTRACT**

1. All doses of methadone will be dispensed daily. If a day is missed you cannot collect an extra dose on the following day. Each dose must be taken in the pharmacy under the supervision of the pharmacist. Doses can only be taken home to cover days when the pharmacy is closed. Information about opening hours is given in the attached leaflet.
2. You may collect your dose at any time between in the morning and in the afternoon. Please attend on your own and do not bring other people into the pharmacy.
3. When you come to collect your prescription, please let one of the assistants know. You will be seen promptly, to save you waiting in a queue every day.
4. Whilst waiting to receive your methadone, please take a seat or wait quietly in the main area of the shop. If you wish to buy something, please ask the assistant to serve you,.
5. You may be given your dose of methadone in a private area of the pharmacy. Your methadone will be prepared in a closed bottle with your name and dose clearly marked for you to check. Please give the empty bottle back to the pharmacist. A drink of water will be provided. If a patient is dissatisfied with the way they are treated at the pharmacy then a complaint should be made to their link worker who will assist in resolving the issue.
6. Any unacceptable behaviour while you are in the pharmacy will be regarded as a breach of this contract and no further prescriptions will be dispensed. Your doctor will be informed immediately.
Examples of unacceptable behaviour include:
 - Coming to the pharmacy while under the influence of drink and/or drugs
 - Aggression or verbal abuse to staff or other customers.
7. Erratic collection will be reported to the GP or Prescribing Agency and your prescription may be stopped
8. If the prescription has been written wrongly or altered it may not be possible for the pharmacist to sort it out immediately. The pharmacist is not allowed to make any alterations to the prescription.

I have read and fully understand the above and wish to enter into a contract.

SignaturePatient

Date
(copy given to Patient)

Print Name

Name of GP or Prescriber

Phone

Name of Key Worker

Phone

SignaturePharmacist

Date