

Controlled Substance Contract

I understand that Dr. _____ is prescribing a controlled substance to assist me in managing chronic pain or anxiety that has not responded to other treatments and must assist me to function better. If my activity level or general function gets worse, the medication will be changed or discontinued. Controlled substances are medications which the DEA has deemed to have potential for misuse and a list can be found at <https://www.deadiversion.usdoj.gov>.

The risks, side effects and benefits have been explained to me and I agree to the following conditions of treatment. Failure to adhere to these conditions will result in discontinuing medication.

1. I will participate in other treatments that my doctor recommends and will be ready to taper or discontinue the medication as other effective treatments become available.
2. I will take my medications exactly as prescribed and will not change the medication dosage or schedule without my doctor's approval.
3. I will keep regular appointments at the clinic.
4. All controlled drugs for pain, anxiety, or insomnia must be prescribed by my doctor.
5. If I have another condition that requires the prescription of a controlled drug (like narcotics, tranquilizers, barbiturates, or stimulants), or if I am hospitalized for any reason, I will inform the clinic within one business day.
6. I will designate one pharmacy where all of my prescriptions will be filled.

Pharmacy Name: _____

Phone Number: _____

7. I understand that lost or stolen prescriptions will not be replaced, and I will not request early refills.
8. I agree to abstain from all illegal and recreational drugs (including alcohol) and will provide urine or blood specimens at the doctor's request to monitor my compliance.
9. I am responsible for keeping track of the medication left and plan ahead for arranging refills in a timely manner so that I will not run out of medications.
10. Refills will be made only during regular office hours.
11. I authorize VIP Primary Care physicians and/or staff to discuss my care and treatment while undergoing therapy with any other medical facilities involved in my care.
12. If my doctor has concerns about the continued use of controlled medications, I may be referred to a specialist such as pain management or psychiatry for further management of my conditions.
13. I will not be involved with any activity that may be dangerous to me or someone else if I feel drowsy or am not thinking clearly. This will include activities such as driving, swimming, or operating heavy machinery.

Patient Name (Print): _____

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Informed Consent

Opiates: Opiates are a group of medications which are most commonly used to treat pain. They can have great benefits in this area but because they do have risks including addiction. Common examples include Tramadol (Ultram), Hydrocodone (Lortab, Vicodin, Norco, Lorcet), Oxycodone (Percocet, Oxycontin), Morphine (MS Contin), and Fentanyl (Duragesic).

Common Side Effects of Opiates: Itch, vomiting, difficulty passing urine, constipation, headache, and drowsiness.

Possible Effects of Overuse/Toxicity: Slurred speech, difficulty thinking, physical dependence, addiction, passing out, slowed breathing, and death.

Possible Side Effects of Withdrawal: Anxiety, muscle twitches, tremor, and diarrhea.

For signs of dependence or withdrawal, contact your physician; this is an uncomfortable, but not a deadly condition.

Benzodiazepines: These medications are commonly used to treat severe anxiety. They can be useful in acute as well as long-term anxiety treatment, but they do have risks including addiction. Common examples include Diazepam (Valium), Lorazepam (Ativan), Alprazolam (Xanax), and Clonazepam (Klonopin).

Common Side Effects of Benzodiazepines: Drowsiness, depression, headache, constipation, diarrhea, dry mouth, fatigue, memory impairment, reduced coordination, physical dependence, appetite changes, and menstrual changes.

Possible Side Effects of Overuse/Toxicity: Addiction, low blood pressure, difficulty thinking, passing out and death.

Possible Side Effects of Withdrawal: Anxiety, elevated temperature, elevated blood pressure, rapid breathing, confusion/delirium, tremor, hallucinations, and death.

If you ever experience signs of toxicity or withdrawal, contact your physician or the Emergency Department.

Tolerance, Dependence, and Addiction: These medications may lead to tolerance, meaning that it takes more medicine to produce the same benefit/effect. Physical dependence is the state where your body has become accustomed to the medication and stopping it will cause withdrawal symptoms. Addiction is a state where one is willing to take medication even if it causes harm or involves illegal actions. Any concerns for addiction should be reported to your physician.

Patient Name (Print): _____

Patient Signature: _____ **Date:** _____