

GERIATRIC AND MEDICAL SPECIALISTS OF MICHIGAN

CONTROLLED SUBSTANCE (NARCOTIC) AGREEMENT

The purpose of this consent is to protect your access to controlled substances and to protect our ability to prescribe for you.

The long-term use of such substances as opiates (narcotic analgesics), benzodiazepine, tranquilizers, and other sedatives are controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder (psychological dependence/physical dependence) developing or of relapse occurring in a person with a prior addiction. The percent of this risk is not certain.

Because these drugs have the potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason the following policies are agreed to by you, the patient, as consideration for, any condition, the willingness of the physician and/or Nurse Practitioner whose signature appears below to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. All controlled substances are to come from a Physician or Nurse Practitioner from this office, unless specific authorization is obtained for an exception.
2. You are expected to inform our office of any new medications or medical conditions received from any other physician.
3. The use of medications is not designed to completely eliminate pain; rather the medication is used to significantly reduce pain so that the individual may be able to perform many activities of daily living as well as social activities. It is hoped that the use of these medications will improve the quality of life, but is not expected that the pain relief will be complete.
4. You may not share, sell or trade your medication for money, goods, services, etc.
5. You agree to keep these medications in a secure place, as we will not replace any lost, stolen, or misplaced medications. There are **no** exceptions to this rule.
6. It may be requested that you bring in the original containers to the office to document compliance and to prevent overuse.
7. You agree to take medication as prescribed-do not take additional medication without consent from your provider. We will not fill medication early if you take more than prescribed. You should allow ample time (minimum of 72 hours) for medication refills, as no medication refills will be called in after-hours, on weekends, or on holidays.
8. You will not attempt to get any pain medication from any other doctor without informing them of exactly what pain medications you are currently taking.
9. You will not use illegal substances while being treated with controlled substances.

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10. Unannounced random drug screens may be requested by our office to determine your compliance with this agreement. Tests may include screening for illegal substances, and your cooperation is required. **Presence of unauthorized substance or refusal to submit specimens will prompt an abrupt rapid wean schedule in order for the medication to be discontinued or prompt termination of care.**
11. You must be seen by a provider in this office at least every 4 months to monitor efficacy of prescribed medication.

This agreement is entered into on _____(Date)

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____

Prescribing Provider: _____ Date: _____

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