

## CONTROLLED SUBSTANCE FORM

### CONTRACT FOR CONTROLLED SUBSTANCE PRESCRIPTIONS

Controlled substance medications (i.e. narcotics, tranquilizers, and barbiturates) are very useful, but have high potential misuse and are, therefore, closely controlled by the local, state, and federal government. They are intended to relieve pain and improve function and/or ability to work, not simply to feel good. Because my physician is prescribing such medication to help manage my pain, I agree to the following conditions:

1. I am responsible for my controlled substance medications. If the prescribed medication is lost, misplaced, or stolen, or if I use it sooner than prescribed, I understand that it will not be replaced.
2. I will not request or accept controlled substance medication from any other physician or individual while I am receiving such medication from GetWell Internal Medicine Clinic. Besides being illegal to do so, it may endanger my health. The only exception is if it is prescribed while I am admitted in a hospital.
3. I will use the prescribed medication as instructed on the prescription and will not divert (give), trade, or sell, or attempt to sell the medication to anyone else.
4. Refills of controlled substance medication:
  - a. will be made only during regular business hours, from 7:30 AM to 4:30 PM, within 24 business hours of notice, not on weekends or holidays.
  - b. will not be made if "I run out early." I am responsible for taking the medication in the dose prescribed and for keeping track of the remaining amount.
  - c. will not be made as an "emergency", such as on Friday afternoon, because I suddenly realize I will "run out tomorrow." I will call at least forty-eight (48) hours ahead if I need assistance with controlled substance medication prescription.
5. I understand that if I violate any of the above conditions, my controlled substance prescriptions and/or treatment by GetWell Internal Medicine Clinic may be ended immediately. If the violation involves obtaining controlled substances from another individual, I understand that I may also be reported to the legal authorities.
6. I understand that the main treatment goal is to improve my ability to function and/or work. In consideration of that goal and the fact that I am being given potent medication to help me reach that goal, I agree to help myself by following better health care habits: exercise, weight control, and not using tobacco or alcohol. I understand that only through following a healthier lifestyle can I hope to have the most successful outcome of my treatment.

I have been fully informed by GetWell Internal Medicine and its staff regarding psychological dependence (addiction) of a controlled substance, which I understand is rare. I know that some people may develop tolerance, which is the need to increase the dose of the medication to achieve the same effect of pain control, and I do know that I will become physically dependent on the medication. This will occur if I am on the medication for several weeks, and when I stop the medication, I must do so slowly and under medical supervision, or I may withdrawal symptoms.

I have read this contract, and it has been explained to me by Dr. Patel and/or his staff. In addition, I fully understand the consequences of violating this contract.

Patient's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# GetWell Internal

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