

CONTROLLED SUBSTANCES CONTRACT

I. POLICIES AND STATEMENTS

A. Purpose

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe to you. (Examples of controlled substances are narcotic pain medicines, tranquilizers, and stimulants.) Because of the potential for tolerance, dependence, and side effects, we need you to sign an informed consent when use of controlled substance is expected to be ongoing. Also, because these drugs have potential for abuse or diversion, prescribing of such medicines is tightly regulated, and we are strictly accountable for our prescribing policies. Thus, the following policies must be agreed to by you as a condition for our willingness to prescribe controlled substances to you.

B. Names

- 1) The terms “you,” “your,” and “patient” refer to the patient being treated, and/or the parent or guardian of a minor being treated.
- 2) The terms “we,” “our,” “us,” “doctor,” “USAFM,” and “the practice” refer to the University of South Alabama Family Medicine clinic and its staff.

C. General Rules

- 1) This medication will be prescribed by your primary doctor, Dr. _____.
In the event this doctor is not available at a time when refills are appropriate, another member of this doctor’s work team, as designated by USAFM, will address your refill requests.
- 2) You will not accept a prescription for a controlled substance from any provider outside of USAFM, with the following provisos:
 - a. In the event you need to seek care elsewhere for acute injury, illness, hospitalization, or surgery necessitating the use of controlled substances, you may accept and use such a prescription.
 - b. If you accept controlled substances from another provider as described above, you must contact USAFM during the next business day, informing us of the drug, the dosage, and the amount received. You will then be given further instructions on how to proceed.
- 3) Refill requests are only accepted during office hours; you will not call outside of office hours for medication refills. Your doctor’s treatment plan will determine when you may receive a refill, and whether you will need to be seen for an office visit for the refill. Refill requests will be addressed within three business days; it is your responsibility to monitor your medications, and to request refills in a timely fashion. It is recognized, to allow for office work time, weekends, holidays, or travel, that refills will need to be requested a few days before the refill date, but they may not actually be obtained before then.
- 4) Only one pharmacy will be used. Should the need arise to change pharmacies, our office must be informed. The only exception will be for acute need outside of the local area, as discussed in article I.C.2. above.

Patient: _____

- 5) USAFM has permission to discuss all diagnostic and treatment details with the dispensing pharmacist or other providers who provide your health care for purposes of maintaining accountability.
- 6) Medications will not be shared, sold, or used by anyone else.
- 7) Medications will be taken exactly as prescribed. Discussion about changing needs, problems, or new circumstances will take place at scheduled office visits, at which time treatment changes will be considered.
- 8) The purpose of these medications is to safely improve function and quality of life. There is no guarantee that pain, anxiety, or any other specific symptom will or can be completely relieved. If, at any time, it becomes evident that these safety, function, and quality of life goals are not being met, the doctor will change the treatment plan. This could include discontinuation of controlled substances.
- 9) Controlled substances may be hazardous or lethal when used by people other than the intended patient, especially a child. Such drugs are also subject to theft. You are responsible for the safety of your medications; they should not be left where others might see or otherwise have access to them. Lost, stolen, or damaged prescriptions will not be replaced. An exception may be made at the doctor's discretion if you are seen for an office visit with a copy of a completed police report.
- 10) These medicines are not to be mixed with alcohol, any other non-prescribed sedative, or any illegal drug.
- 11) Unannounced urine or blood tests may be requested by your doctor, and your cooperation is required. Evidence of unauthorized drugs, illegal substances, alcohol, or lack of appropriate use of prescribed medications, or attempts to falsify your results, will be considered a violation of this contract.
- 12) Your doctor may refer you to other specialists or health care providers to evaluate reversible causes of your symptoms, or to provide additional relief of your symptoms. Failure to follow through with these referrals will be considered a violation of this contract.
- 13) If there is any question of inappropriate drug use, your doctor may refer you for assessment and treatment for addictive disorders. Failure to follow through with these referrals will be considered a violation of this contract.
- 14) All of your medications, in the original containers, will be brought to each office visit.
- 15) The patient understands that USAFM is under no obligation to prescribe controlled substances to the patient. Failure to adhere to ANY provision of this contract will be grounds for discontinuation of controlled substance prescribing, and may be grounds for dismissing the patient from the USAFM medical practice.

Patient/Parent/Guardian Signature: _____

Date: _____

Physician Signature: _____

Date: _____

Patient: _____

RISKS AND SIDE EFFECTS OF NARCOTIC PAIN MEDICINES

The following are known risks and side effects of narcotic pain medications. This list is not meant to be all-inclusive, but should give the patient an overview of cautions to consider when consenting to treatment with chronic narcotics.

- 1) Nausea and vomiting. This may be mild to severe, though it usually improves after the initial days of usage.
- 2) Constipation. This is very common, and may be quite severe. It is important to take in a lot of fiber and fluids, and follow any other instructions given by the doctor. Notify the doctor if you are not having a bowel movement at least every 4 days.
- 3) Urinary retention. The bladder may not empty well, leading to kidney damage, and perhaps requiring a bladder catheter or hospitalization.
- 4) Sedation and confusion. The patient may suffer from slowed reflexes, difficulty thinking clearly, increased risk of falls, and difficulty staying awake, though these symptoms often improve after the patient gets used to the medicine. The patient should not drive, operate machinery, or engage in dangerous activities during *at least* the first week of treatment or after a change in medication/dosage. Even after this time frame, the patient should exercise caution with such activities, and could possibly be blamed for any accident he/she is involved in while taking these medications.
- 5) Seizures. Convulsions may occur while on these medications.
- 6) Allergic reactions. Any medication may cause an allergic reaction, usually in the first days of usage, but sometimes later. Notify the doctor if rash, swelling, or difficulty breathing develops.
- 7) Itching. Note that itching is relatively common with narcotic medications, and, *without a rash, is not indicative of an allergic reaction*. It often improves after several days of usage.
- 8) Headaches. Some headaches, especially migraines, can become more severe or frequent on narcotics.
- 9) Dependence. After prolonged use, most people will have withdrawal symptoms if they abruptly stop narcotic pain medications. Such symptoms include rapid heart rate, elevated blood pressure, sweating, nausea and vomiting, diarrhea, body aches, abdominal pain, psychosis, and hallucinations. These are very uncomfortable, but rarely life-threatening.
- 10) Tolerance. After prolonged use, some people will require larger amounts of the medication for pain relief. This can lead to an increase in other side effects.
- 11) Addiction. A craving or psychological desire for these medications, above and beyond that needed for pain control, may occur, disrupting home and work life. There is significant potential for abuse of these medications, either by the patient or by persons who obtain them from the patient.
- 12) Depression. Depression often occurs in patients with chronic pain requiring chronic narcotics. Notify the doctor if you start feeling depressed, very sad, hopeless, or suicidal.
- 13) Overdose. Overdose by the patient, or other people who have access to these medications, may be fatal.
- 14) Reactions with other drugs. Do not take alcohol or street drugs such as marijuana, cocaine, speed, or ecstasy. Reactions may be fatal. There may also be reactions or interactions with other prescribed medications; notify the doctor if any other health care provider gives you any new medications.

Patient/Parent/Guardian Signature: _____

Date: _____

Physician Signature: _____

Date: _____

Patient: _____

RISKS AND SIDE EFFECTS OF SEDATIVE/TRANQUILIZER MEDICATIONS

The following are known risks and side effects of sedative/tranquilizer medications. This list is not meant to be all-inclusive, but should give the patient an overview of cautions to consider when consenting to treatment with such medications.

- 1) Nausea, vomiting, and diarrhea. These are generally modest, and may improve after the initial days of usage.
- 2) Constipation. This is generally mild, and is manageable with increased intake of fiber and fluids. Notify the doctor if you are not having a bowel movement at least every 4 days.
- 3) Sedation and confusion. The patient may suffer from slowed reflexes, difficulty thinking clearly, increased risk of falls, fainting, memory problems, and difficulty staying awake, though these symptoms often improve after the patient gets used to the medicine. The patient should not drive, operate machinery, or engage in dangerous activities during *at least* the first week of treatment or after a change in medication/dosage. Even after this time frame, the patient should exercise caution with such activities, and could possibly be blamed for any accident he/she is involved in while taking these medications.
- 4) Agitation and manic behavior. In contrast to sedation, some patients may develop agitated or manic episodes while on these medications.
- 5) Seizures. Convulsions may occur while on these medications.
- 6) Allergic reactions. Any medication may cause an allergic reaction, usually in the first days of usage, but sometimes later. Notify the doctor if rash, swelling, or difficulty breathing develops.
- 7) Headaches. Headaches may occur or worsen while on these medications.
- 8) Dependence. After prolonged use, many people will have withdrawal symptoms if they abruptly stop these medications. Such symptoms include rapid heart rate, irritability, anxiety, agitation, confusion, memory problems, hallucinations, psychosis, seizures, insomnia, tremors, muscle twitching, muscle cramps, stomach cramps, and sweating. At times these can be life-threatening, and it is important that you monitor your supply of medicine so that you do not abruptly run out.
- 9) Addiction. A craving or psychological desire for these medications, above and beyond that needed for symptom control, may occur, disrupting home and work life. There is significant potential for abuse of these medications, either by the patient or by persons who obtain them from the patient.
- 10) Depression. Depression is often present in patients with anxiety, yet it may also be a side effect of sedatives themselves. Notify the doctor if you start feeling depressed, very sad, hopeless, or suicidal.
- 11) Overdose. Overdose by the patient, or other people who have access to these medications, may impair breathing, and lead to coma or death.
- 12) Reactions with other drugs. Do not take alcohol or street drugs such as marijuana, cocaine, speed, or ecstasy. Reactions may be fatal. There may also be reactions or interactions with other prescribed medications; notify the doctor if any other health care provider gives you any new medications.

Patient/Parent/Guardian Signature: _____

Date: _____

Physician Signature: _____

Date: _____

Patient: _____

RISKS AND SIDE EFFECTS OF STIMULANTS (ATTENTION DEFICIT MEDICATIONS)

While with appropriate follow-up most patients can safely use stimulant medications for attention deficit problems, the following are known risks and side effects of these drugs. This list is not meant to be all-inclusive, but should give the patient and parent an overview of cautions to consider when consenting to treatment.

- 1) Heart and circulation problems. These medications can cause rapid heart rate, elevated blood pressure (sometimes severe), heart attack, long-term heart damage, stroke, and sudden death; the more severe consequences are most likely when not used as directed. Close monitoring is necessary, especially when these medications are first started.
- 2) Seizures. Convulsions may occur while on these medications.
- 3) Behavioral changes. These medications may lead to anxiety, agitation, mood swings, aggressive behavior, mania, or frankly psychotic behavior, especially when not used as directed.
- 4) Depression. Depression may occur, especially with misuse and abrupt withdrawal. Notify the doctor if you start feeling depressed, very sad, hopeless, or suicidal.
- 5) Tourette syndrome. A disorder with tics (involuntary movements or vocalizations) may occur, or be aggravated, while on these medications.
- 6) Allergic reactions. Any medication may cause an allergic reaction, usually in the first days of usage, but sometimes later. However, some of these medicines can rarely lead to a particularly severe rash, which can be life-threatening. Notify the doctor if rash, swelling, or difficulty breathing develop.
- 7) Growth suppression/weight loss. Some children on these medications appear to have some slowing in their growth rate, though it is believed that most eventually reach the full height they would have if not on the medication. Weight loss is also sometimes seen.
- 8) Gastrointestinal effects. Nausea, vomiting, diarrhea, constipation, dry mouth, abdominal pain, heartburn, and decreased appetite may be seen on these medications.
- 9) Insomnia. Patients may have trouble sleeping while on these medications.
- 10) Dependence. After prolonged use, some people will have withdrawal symptoms if they abruptly stop these medications. Such symptoms may include most all of the behavioral side effects discussed above; depression can be quite severe. This problem is much more common following misuse/excessive use of such medications. There is significant potential for abuse of these medications, either by the patient or by persons who obtain them from the patient.
- 11) Reactions with other drugs. Do not take alcohol or street drugs such as marijuana, cocaine, speed, or ecstasy. Reactions may be fatal. There may also be reactions or interactions with other prescribed medications; notify the doctor if any other health care provider gives you any new medications.

Patient/Parent/Guardian Signature: _____

Date: _____

Physician Signature: _____

Date: _____

Patient: _____

PHARMACY SELECTION

The patient will only fill prescriptions for controlled substances at the pharmacy listed below. The patient will inform USAFM of any plans to change pharmacy. The patient will not obtain controlled substances from more than one pharmacy at a time. The only exception will be for acute need outside of the local area, as discussed in the CONTROLLED SUBSTANCES CONTRACT.

Pharmacy: _____

Address/Phone Number/Branch Number (provide at least one):

Patient/Parent/Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

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CHANGES:

Pharmacy: _____

Address/Phone Number/Branch Number (provide at least one):

Patient initials: _____ Doctor initials: _____ Date: _____

Pharmacy: _____

Address/Phone Number/Branch Number (provide at least one):

Patient initials: _____ Doctor initials: _____ Date: _____

Pharmacy: _____

Address/Phone Number/Branch Number (provide at least one):

Patient Initials: _____ Doctor Initials: _____ Date: _____

Patient: _____

TREATMENT PLAN

I. REASON FOR CONTROLLED SUBSTANCES

The following are the diagnoses for which the medications listed below are being prescribed:

II. MEDICATIONS TO BE USED

The following medications are to be used as directed below. Any changes will be initialed and dated; deleted or changed medications will be crossed out with one line, so that they are still legible. Include adjunctive medications and medications used to address side effects.

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Patient: _____

MEDICATIONS, CONTINUED

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Drug/Dosage:	Directions:	Start Date:
Patient Initials:	Doctor Initials:	Stop/Change Date:

Patient: _____