

[Patient Name: _____]

[DOB: _____]



EVERGREEN
FAMILY HEALTH

Informed Consent and Contract

There are potential risks and side effects of controlled substance treatment including but not limited to the following:

PHYSICAL SIDE EFFECTS

Common side effects include mood changes, drowsiness, dizziness, constipation, nausea, or confusion. Many of these side effects disappear over several days to weeks. Extreme caution must be used while driving or operating potentially harmful machinery.

Any other sedating medications or alcohol must be avoided.

PHYSICAL DEPENDENCE

Physical dependence is an expected side effect from long-term use of controlled substances when they are used on a regular basis. If the medication is stopped abruptly, you may experience a withdrawal syndrome. This may include sweating, diarrhea, irritability, runny nose, achiness, and craving for medication. Medication should be slowly tapered under the supervision of a physician.

TOLERANCE TO MEDICATION

With continued use, some patients will experience a tolerance to the medication, where increasing doses are required to control the same pain. This occurs rarely and may require tapering and discontinuation of the medication.

INCREASED PAIN

The long-term effects of controlled substances on the body's own pain-fighting system are not well understood. There is some evidence that treatment may cause an increased sensitivity to pain. Some clinicians believe that controlled substances reinforce or perpetuate the perception of pain. Narcotics seem to reduce your body's ability to adapt to pain.

ADDICTION

Addiction is present when an individual experiences loss of control over the use of medications, is constantly seeking drugs, or experiences adverse consequences as a result of drug use. Most pain patients who use long-term controlled substances are able to take medication as prescribed, do not seek other drugs when their pain is controlled, and experience improvement in the quality of life as a result of the treatment---they are therefore not addicted. Physical dependence on the medication does not indicate that someone is addicted.

Individuals with a history of alcoholism or other drug addiction may be at increased risk for the development of addiction while using controlled substances. This is generally indicated by concurrent seeking and using other drugs, by the inability to take the medication on a scheduled basis as prescribed, and decreasing quality of life.

[Patient Name: _____]
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PRESCRIPTON CONTRACT
INFORMED CONSENT AND CONTRACT FOR NARCOTICS (CHRONIC PAIN)

Because of the potential for adverse consequences, prescribing controlled substances must be done in an organized and carefully documented manner. Prescribing is regulated by both state and federal law. Both the physician and patient have a responsibility for the safe and effective use of controlled substances.

It is important that you review and agree to the following conditions:

- Prescriptions will only be filled by one practitioner _____.
If that physician is unavailable, the office will make appropriate arrangements. Other physicians will assist in the management of these medications only in unusual and emergency situations.
- Prescriptions will only be filled at one pharmacy: _____.
- Loss or theft of medication must be reported immediately to the police. Loss or theft of prescriptions may result in discontinuation of treatment. Medication or written prescriptions will not be replaced.
- Random urine drug testing will be used to document use of medication and to ensure that there is no use of illicit (illegal) drugs. There will be additional charges for this testing. A urine sample will be collected at each narcotic management visit.
- Random "pill counts" may be requested by your practitioner at any time to determine appropriate use of medication supply.
- If you receive care from another provider (Example: emergency room, oral surgeon, etc) you must inform them that you are on a controlled substance contract with us. You must inform us if you receive controlled substances from another provider.
- Controlled substance therapy will be discontinued if you:
 - Experience progressive tolerance that cannot be managed by adjustments to the medication
 - Experience unacceptable side effects, experience a decline in daily functioning, or exhibit addictive behavior
 - Adjust your medication without consulting with the office
 - Obtain controlled substances from multiple physicians or from street sources
 - Fill prescriptions at other pharmacies without explanation
 - Sell, share, or lose medication
 - Alter prescriptions or use any illegal street drugs
- Controlled substances will not be prescribed over the phone or by the on-call or covering physician/practitioner. You agree to NOT call for medication renewals, but instead to call for an appointment.

I have had the opportunity to review the above consent form and contract for long term controlled substance therapy. I have been given the opportunity to ask questions about the risks and benefits of the proposed treatment. I accept the risks and conditions outlined above.

Note: It is a felony: 1) to obtain narcotic prescriptions under false premises (lying or misleading).
2) to share, sell, or borrow narcotic prescriptions.

- EFH will regularly check the Vermont Prescription Drug Monitoring System for inappropriate use of medications

Patient Printed Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____