



## Controlled Substance Treatment Agreement

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Patient Name

IMR #:

DOB:

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Controlled Substances are used for the treatment of moderate to severe pain, for the management of behavioral/psychiatric diagnosis, sleep disorders and/or anxiety. The goal is first, to relieve pain that cannot be otherwise controlled and second, to improve the patient's functional abilities and quality of life. It is the healthcare provider's responsibility to continually reevaluate the patient's response to the medications, the side effect profile, and the patient's compliance with the entire pain management or behavioral management program.

Controlled Substances have the potential to be addictive and must be taken exactly as prescribed. The potential adverse side effects of narcotic (opioid) medications include the following:

- Constipation
- Increased drowsiness or sleepiness
- Confusion or difficulty thinking
- Balance/coordination problems (making it difficult to operate motor vehicles or heavy equipment)
- Respiratory depression (breathing too slowly)
- Decreased appetite
- Tolerance-you need more of the medication to get the same effect
- Physical dependence-abrupt stopping of the medication can trigger "withdrawal" syndrome (also, physical dependence in newborns of mothers taking opioids while pregnant)
- Psychological dependence-stopping the medication could cause you to miss or crave it

Possible side effects of benzodiazepines, which are used to treat anxiety/insomnia include: Irritability, lightheadedness, sedation, tiredness, memory problems, decreased coordination, tremor and fatigue. They may decrease mental alertness and you should not drive or participate in other activities requiring mental alertness until you know how you will respond to these conditions.

Possible side effects of stimulants, which are used to treat attention problems include: Headache, dizziness, irritability, fatigue, tremor, palpitations, decreased appetite, anxiety, road rage and mood swings.

Possible side effects of sleeping medications include: headache, amnesia, dream changes, sleep waling, sleep eating, sleep driving, daytime drowsiness, dizziness and hang-over.

Possible side effects of Tramadol include: Dizziness, tiredness, vertigo, seizures, anxiety, agitation, confusion, problems with coordination and constipation.

Narcotics or opioid analgesics, benzodiazepines and stimulants, are Controlled Substances regulated by federal and state regulations and law enforcement agencies, because they are or can be abused. As such, there are defined guidelines for their use in clinical medicine, and these are outlined below.

Name \_\_\_\_\_

Because Controlled Substances are regulated by law, health care providers may contact law enforcement and report crimes on health care premises, including but not limited to:

- Criminal drug seeking behavior/activities (e.g., fraud, deceit, willful misrepresentation, etc.).
- Presentation of a falsified prescription.
- Identity/other theft.
- Intoxicated or impaired operation of a motor vehicle.

I, as the patient, understand that compliance with the following guidelines is necessary to continue the use of narcotics/benzodiazepines/stimulants in my treatment for pain or a behavioral health issue. I understand that, if for some reason use of the narcotic pain medicine is stopped, it will not affect other treatment modalities that can be provided to help me deal with my pain.

1. I acknowledge my special arrangement for pain medicine will be listed on my medical record treatment list.
2. I will take the controlled substance medications *only in the dose/frequency prescribed*.
3. I will take *no other pain medications/controlled substances* unless discussed with my provider or the covering healthcare provider first.
4. I will *not increase the amount of medication* I take without the approval of my provider or the covering healthcare provider.
5. I will avoid alcohol on days when I am taking narcotics/controlled substances. I will not take any illegal drugs (example: marijuana or cocaine).
6. If I feel tired or mentally foggy, I will not drive, operate heavy machinery, or serve in any capacity related to public safety.
7. I will submit a urine specimen whenever my provider asks to test for narcotics and other drugs to help monitor me for addiction. My provider may ask that a clinic staff member observe me as I produce the specimen.
8. If my provider recommends it, I will see a specialist for the purpose of determining whether I am developing an addiction.
9. *I understand that my provider will not be available to prescribe narcotic/opioid medication/controlled substances during evenings and weekends. My provider's partners may not provide me with refills by phone. It is my responsibility to call my provider at least three business days before my medicine runs out.*
10. I will only ask for narcotics/opioids prescriptions/controlled substances (narcotics, sleeping pills, tranquilizers, stimulants) from my provider. If I have an emergency and need additional pain medicine I will call my provider's office first if at all possible. The only exception may be if an emergency required me to go straight to an emergency room without first calling my provider's office. If this happens, I will alert the provider at the emergency room or hospital that I have signed this Agreement relating to use of pain medicine, and I will notify my provider that I received pain medicine from another provider.
11. I will bring (if requested) to every visit with my provider all of the unused pain medication/controlled substances I have been prescribed.
12. I understand that to ensure proper coordination of my treatment, my provider will communicate with all other healthcare providers and pharmacists involved in my care and about my narcotic/controlled substance use and about my use or possible misuse, or abuse of alcohol or other drugs.
13. I will have all of my medications filled at one pharmacy. The name of my pharmacy is:

14. I agree that the above-named pharmacy will receive a copy of this signed agreement.
15. For treatment purposes, I acknowledge that Ministry Health Care emergency rooms and providers may be notified of this signed agreement.
16. If pain management/behavioral health condition treatment with Controlled Substances is stopped for any reason (see#24), the above-named emergency rooms and clinics shall be notified.
17. I will not request narcotic/opioid or other pain medications or controlled substances from any other healthcare providers. Under this agreement my provider will be my only pain medication provider.
18. *I will protect my prescriptions and medications.* Only one lost prescription or medication may be replaced in a single year. (Keep prescription medication in a safe personal area.)
19. I will tell my provider if I have a history of drug or alcohol abuse, or am currently using drugs recreationally. Narcotic/opioid therapy may or may not be effective if I am using other drugs.
20. I understand if the decision is made to discontinue the narcotics/opioids/controlled substance the dose may be tapered down over several days. I will follow my healthcare provider's guidance and participate in any treatment programs prescribed which may include detoxification, psychological counseling and medical treatment.
21. If I have any questions regarding my use of pain medicine, how to control my pain or behavioral health problem I will call my provider at the following phone numbers:  
(920) 746-0510
22. I give ALL rights to my provider to contact healthcare providers involved in my care to inquire about my medication sources I have or will use.
23. I understand that my provider may stop prescribing narcotics/opioids/controlled substance if any of the following occur:
  - My provider feels that narcotics/opioids/controlled medications are not effective for my pain/treatment or that they are detrimental to my health and well-being.
  - There is evidence of drug diversion or that I am hoarding Controlled Substances.
  - If I develop tolerance or loss of effect from the medicine.
  - If I develop side effects that, in the view of my provider, are potentially harmful.
  - If I obtain narcotics/opioids/controlled substance from sources other than my provider or I, in anyway, alter a prescription or attempt to deceive the prescribing pharmacist.
  - If I am found to be also taking illicit drugs.
24. *Special Notice for Women:* I will practice reliable birth control. If I wish to or do become pregnant, I will talk to my provider. To the best of my knowledge, I am not pregnant now.

I have read the above information and consent to the terms and conditions set forth above:

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Signature of Patient/Legal Guardian

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Signature of Patient's Healthcare Provider

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Date

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Signature of Witness

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Signature of Family Member/Friend Involved in Patient's Care/Agreement