

Meridian Internal Medicine, P.A.

Today's Date _____

Patient name _____ Date of Birth _____

Informed Consent for Proper Use of Controlled Medication(s)

Certain medications are classified as controlled substances. They do provide benefit for certain patients but can also have negative effects as well. By reading this consent form, you will have information to make a safe and responsible choice about the benefits and risks of beginning or continuing to use long term controlled medications. If you need more information to make this important decision, please ask.

Goals of Treatment

Controlled medications can be divided into categories based on the conditions they are aimed at treating such as pain, anxiety, attention deficit disorder, or other. The goal of treatment of these conditions is to improve the quality of life of a patient. Severe pain and anxiety can affect and limit every aspect of a person's life. The problem can cause the patient to have trouble caring for themselves even affecting ability to complete activities of daily living, concentrate, rest at night, and/or relate well to others. Chronic long term use of a controlled substance is reserved for only severe cases of these conditions when patients fail to respond to other medications, treatments, or other methods of handling their condition. There is a difference between acute or short term use of a medication versus chronic or long term use of a medication. The purpose of the medication is to increase your ability to function at work and at home. The success of using the medication will be based on several factors. The goal is not for total eradication of symptoms but of improvement.

Risks of Treatment

There are risks associated with use of controlled medications such as the potential to cause addiction. This occurs in people who are susceptible or who are known to have a history of addiction. Physical tolerance and/or dependence occur with regular use of the medication(s), but is different from addiction. For a person's health, safety and protection, chronic controlled medication will be stopped if there is a concern about addiction. Addiction implies the abuse of a drug and is defined by certain behaviors, including energy and time focus on obtaining medication, along with a decline of normal family and work functions. Addiction must be distinguished from tolerance (the need for increasing doses of medication) and physical dependence (withdrawal upon abrupt cessation). Tolerance is not a uniform phenomena, and many patients do very well on the same dose for years. One way to attempt to minimize tolerance is to avoid the use of short acting "if needed" doses of controlled medications for "bad days" or "breakthrough" symptoms.

Possible Side Effects

Possible major side effects of medications are: drowsiness, fatigue, somnolence, ataxia, constipation, low blood pressure, nausea, vomiting, blurred vision, dizziness, confusion, dry mouth, headache, urinary retention, sweating, facial flushing, slurred speech, depression, impaired memory. Please be aware this is not an all inclusive list.

Meridian internal Medicine, P.A's Responsibilities

A complete assessment will be done prior to starting chronic controlled medication(s). This will include performing a drug screen and evaluation of past controlled prescription history. You will be monitored for signs of tolerance or addiction. This medication will be prescribed by a **single provider**. This means you are to decline any controlled medication prescriptions from emergency department physicians, urgent care providers, specialists, and others not specifically listed here. The medication will be prescribed on a "by the clock" schedule or to enable you to engage in more activities such as physical therapy. Lost or stolen prescriptions for controlled medications **will not be replaced**, even if a police report is filed. There will be **no early refills**. We will check random drug screens as well as the state web site periodically to document your use of the controlled substance(s).

Patient's Responsibilities

You are responsible for your medications. You need to make sure that prescriptions are filled correctly. Therefore, you need to make sure that the pharmacy gives you the correct number of pills prescribed. No increases in medication dose will be made without an office visit. If you take more medication than is prescribed, then you will run out of medication before being given more. You may not use any type of illicit substance while receiving this medication. This includes but not limited to "pain pills" from any other source, marijuana, tranquilizers (non-prescribed), "uppers". Ask if you have any questions about this. Alcohol should not be consumed while taking controlled medication(s). You are expected to be on time for all appointments including those not related to refilling medications. You will be asked to come in before a medication is to be refilled at times. You need to keep all referral appointments as well as lab and imaging study appointments. You are expected to conduct yourself in a courteous manner in the office. You will have your controlled medication(s) only at one pharmacy, which is:

Name _____

Phone _____

Any change in pharmacy must be provided in writing.

Joint Responsibilities

You may be asked to bring all of your medicines to your office visits. We will count your pills with you to make sure that you are using them correctly. If a medication is unsuccessful in increasing your activity level and quality of life then we will taper this medication and find another method of helping you treat the condition(s). Referral to a pain management specialist and/or a facility specializing in supervised medical withdrawal ("detoxification") may be necessary.

Cautions

- These medications must be kept out of the reach of children and pets
- Use care when operating a car or dangerous machinery
- Federal law prohibits the transfer of these drugs to any person other than the patient for whom they were prescribed

Acknowledgement

I, the undersigned, agree that the above guidelines have been explained to me, and that my questions and concerns regarding this treatment have been adequately answered. I agree to comply with the above guideline. I understand that potentially addictive medications are being used to improve my overall level of function. Because the medications can be addictive, certain rules must be followed for my own protection, safety and health. I agree to follow these rules precisely. I understand that not adhering to these rules will result in termination of the medication or of my care under Meridian Internal Medication, P.A. Other behaviors that will result in being urgently medically withdraw from the medication(s) and/or terminated from the care of Meridian Internal Medicine, P.A. are: altering prescriptions, providing my medications to others, repeated asking for early refills, accidently taking too much medication and over-dosing, threatening the practice's staff members. I have been provided a copy of this document.

Patient's Signature

Date

Physician's Signature

Date

Witness' Signature

Date