



AGREEMENT FOR LONG-TERM USE OF CONTROLLED SUBSTANCES

FPG providers strive to do everything possible to alleviate patients' symptoms and maintain the highest degree of patient safety. Due to the increasing epidemic of substance misuse and addiction in the United States and the increasing danger to patients, these medications are heavily regulated by state and federal law.

Medications for ADD, anxiety and pain may cause the following side effects/problems:

- Drowsiness, confusion, nausea, constipation, anxiety, depression, irritability, increased sensitivity to pain
- Tolerance (requiring more and more of the medicine for the same effect)
- Physical dependence (withdrawal symptoms could occur when medicine is stopped)
- Addiction (desire for more medication, medication controlling your life)
- Potential for medications to be taken by others, including children

In order to safely prescribe these medications and maintain an excellent patient-provider relationship; we ask patients to sign this agreement and abide by the policies below.

- **sign the agreement below after discussion with their primary care provider**
- **attend regular appointments as below**
- **leave a urine sample at each medication refill visit for periodic testing**
- **request all medication refills at least 3 days in advance**

Patient Name: _____ Date of Birth: _____

Medication(s) _____ Purpose of Medication(s) _____

1. This medication should only be prescribed by _____, who is your Primary Care Provider. No other controlled substances such as narcotic pain medication, anxiety medication or ADD medication should be prescribed by other providers, dentists or specialists; with the exception of emergency care received in the Emergency Department or hospital, regular medication prescribed by a psychiatrist, or:

NOTE: if medication is prescribed by another provider, please call Family Practice Group as soon as possible and leave your provider a message about this.

2. Regular office visits should be scheduled every _____ weeks so that you and your provider can monitor the use and effectiveness of the medication. Please discuss how often to schedule appointments with your provider. In order to maintain a consistent schedule for refills, you will be given a prescription for 28 days.
3. Please call at least 3 business days in advance before refills are needed, so that your refill request can be processed. Please use the same pharmacy for your refills. Let our office know if your pharmacy changes.
4. The patient may not increase the dose of the medication.
5. If the medication is stolen, it will not be replaced without a written police report.
6. The patient agrees to periodic random blood and/or urine testing for monitoring medication use.
7. The patient agrees to follow through on the management plan outlined by the Primary Care Provider, including regular office visits for ongoing care by the provider and valuation by specialists if deemed necessary by the Primary Care Provider.
8. If at any time the patient is found to be receiving controlled substances from other sources, misusing other substances (e.g. cocaine, amphetamine, heroin, etc), using more medication than prescribed, diverting medication (e.g. giving or selling the medication to others), or not following the agreed upon management plan, the medication will no longer be prescribed at FPG and the patient may be asked to leave the practice.

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____