

MEDICATION AGREEMENT

for Painkillers, Anxiety Medication, Stimulants, and all Controlled Substances

The goals of this agreement are:

- To help you have a safe and controlled medicine treatment plan.
- To help you understand the risks that comes from using your medicines. Your medicines have a high potential for abuse. They can be dangerous if used in the wrong way.
- You and your doctor need to make sure that the law is followed for these medicines

For my safety, I agree to the statements below:

I WILL:

- I will get my medicine ONLY from my clinic and only during scheduled appointments.
- I will take my medicine ONLY the way that my healthcare provider has ordered.
- I will be tell my healthcare providers if I am using street drugs.
- I will tell my provider about all the medicines I use. This includes medicine from stores and herbal medicines.
- I will tell my healthcare providers about all of my health problems and history.
- I will tell all other healthcare providers that I have a medication agreement. I will tell the emergency room people that I have a medication agreement.

I WILL NOT:

- I will not share or sell, or trade any of my medicine.
- I will not drink alcohol or take street drugs while I am taking these medicines.
- I will not go to the emergency room or other doctors for extra or refill of my medicines.

WHEN FILLING MY PRESCRIPTION:

- I will use the same pharmacy for all my medicines. This is the pharmacy that I have picked:

- My medicine will not be replaced if it is lost, stolen, or destroyed. My doctor might make a rare exception to this rule.
- I will not ask for early refills for my medicine.
- I know that I should not call the office to have my medicine refilled over the phone.

I KNOW THAT

- Pain and Anxiety treatment may include things other than pills. I need to follow all of my treatment recommendations.
- Medications will probably not get rid of all of my symptoms. The medicine can help so that I can do more and have a better life.
- Part of my treatment is to decrease my need for medicines.
- If my medicines work, I will continue to use them. If my medicine does not help me, it may be stopped.

DANGER

- Pain, Anxiety, and Stimulant medicines can be addictive. This means that my body may need more and more medicine for me to feel the same relief, or that it can be hard for me to stop taking this medicine.
- If I use too much medicine, I can end up with health problems. I could die.
- Mixing pain medicine with anxiety medicine or Benadryl is dangerous. I could die.
- Mixings medicine with alcohol is dangerous. I could die.
- I should not drive a car, use machines, or stand on high places unless I am fully alert. Painkillers, Anxiety, and Stimulant medicines can make me less alert

TO PROTECT OTHERS FROM MY PILLS

- I will not leave my medicine where others can take it.
- I will not leave my medicine where children can find
- If my medicine is stolen, I will call the police and report the theft

I WILL BE RESPONSIBLE WITH MY TREATMENT

- I will show up on time for all appointments.
- I will call my provider if I have a reaction to any medicine.
- I will call my provider if I have any questions about how to take my medications.
- I will make an appointment for refills before I run out of medicine.
- I will get my past health records from other offices when needed.

I WILL COOPERATE WITH MY TREATMENT

- I will follow directions for all treatment.
- I will take drug tests and other tests when I am asked to do so.
- I will go to office visits when I am asked to do so.
- I will go to physical therapy when I am asked to do so.
- I will go to counseling when I am asked to do so.

TO PROTECT MYSELF

- I will not suddenly stop taking my medicine without my doctor's orders. I know that if I do this, I can have withdrawals and get very ill.
- I will tell my healthcare provider if I plan to become pregnant.
I will tell my healthcare provider if I am pregnant while I am taking pain medicine.

SHARING MY MEDICAL INFORMATION

- I will give permission to my providers talk about my treatment with pharmacies, doctors, nurses, and others who are helping me.
- I will give permission to any healthcare provider to get information from this clinic about my health and my treatment.
- Any of my healthcare providers can get a report from the State about all medicines I get from any pharmacy in California. This is called a CURES report.
- My doctor may contact the drug enforcement agency if I am breaking the law with my medicine.
- My doctor and my clinic may help with any investigation if I am suspected of prescription drug abuse.
- I may be sent somewhere else for drug abuse or addiction help if I need it.

SIDE EFFECTS

Here are some things that could go wrong if I use too much medicine or mix medicines. These things can happen even if I follow my doctor's directions when I take my medications.

Overdose	Vomiting	Nausea	Itching	Depression
Addiction	Sleepiness	Confusion	Problems with sex	Trouble breathing
Constipation	Slower reflexes	Dry mouth	Urination problem	Death

CAUSE FOR STOPPING MEDICINES

I know that my medicines may be stopped if I break any part of this agreement. If medications are stopped then treatment that does not include pills would be used. If I am threatening or abusive to anyone at the clinic, either in-person or on the phone, then my medications may be stopped. I may be asked to go to a different doctor.

My signature below means that I have read this agreement. I am signing this to say that I understand and agree to everything written in this agreement.

Patient Name _____

Provider Name _____

Patient Signature _____

Provider Signature _____

Date: _____

