

LA FAMILIA CONTROLLED MEDICATION CONTRACT

Patient Name _____ DOB _____ Diagnosis _____

Medicines for chronic pain and anxiety can help a person feel better and be more active. These medications are "controlled", watched by the government, because they can be misused or sold and they can be addictive. Medicine is only one part of a treatment program. Exercise, physical therapy, and counseling are some of the others.

We need you to sign this contract for your safety and your family's safety and so we can follow the law. **There is a risk of overdose or death for you or a family member if these medications are misused.**

Medicine	Dose	Directions	Amt/month
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree:

* I will only get these medicines from my primary provider _____.

*I will get refills at my appointments or call for them during regular working hours. I will not ask for refills after hours.

*I will take my medicine like I am supposed to. I will talk to my provider before making changes.

*I will tell my provider if anyone else changes or prescribes any new medicines for me.

*I will cooperate with the whole treatment plan including other referrals or treatments.

*I will call for my refills at least 3 business days before I run out of my prescription.

*I will not ask for refills ahead of my refill schedule, even if they are lost or stolen. It is my responsibility to take my medicines as directed and to keep them safe and away from children.

*I will use one pharmacy: _____.

*I will not use illegal drugs or misuse alcohol. I agree to let the clinic check my urine for drugs any time I am asked. I understand if I test positive for other drugs, my provider may stop prescribing these medicines.

*I understand that my provider may stop prescribing these medicines if I share or sell them, if I get medicines from other providers and do not inform my primary provider, if I refuse to cooperate with treatment or testing, if I fail to keep appointments and don't call to cancel, or if I do not show improvement from using these medicines.

*If I am diagnosed with an addiction problem, my provider may recommend other treatments as a condition to keep or may stop these medications.

*My doctor may require me to have a medication on hand to prevent death from overdoses as a condition of continuing this prescription. If so, La Familia will supply this medication and training in how to use it.

Your medicines will be stopped if you do not follow this contract or if you write changes on a prescription, if you share or sell your medicine, or if you yell at or mistreat La Familia staff. Additionally, you may be discharged from the clinic and/or the police may be called.

RISKS WHILE UNDER THE INFLUENCE OF CONTROLLED MEDICATIONS:

You should be aware of potential side effects of opioids/narcotics and benzodiazepines such as decreased reaction time, clouded judgment, drowsiness and tolerance. Also, you should know about the possible danger associated with the use of these medications while operating heavy equipment or driving.

SIDE EFFECTS OF OPIOIDS:

- Confusion or other change in thinking abilities, sleepiness or drowsiness.
- Nausea, vomiting, constipation and dry mouth.
- Problems with coordination or balance that may make it unsafe to operate dangerous equipment or motor vehicles
- Breathing too slowly—overdose can stop your breathing and lead to death
- **THESE EFFECTS MAY BE MADE WORSE IF YOU MIX OPIOIDS WITH OTHER DRUGS LIKE ANTI-ANXIETY MEDICATIONS AND ALCOHOL.**

RISKS:

- **Physical dependence.** This means that abrupt stopping of the drug may lead to withdrawal symptoms such as: Runny nose, diarrhea, sweating, rapid heart rate, difficulty sleeping for several days, abdominal cramping, 'goose bumps', nervousness.
- **Psychological dependence.** This means it is possible that stopping the drug will cause you to miss or crave it.
- **Tolerance.** This means you may need more and more drug to get the same effect.
- **Addiction.** A small percentage of patients may develop addiction problems.
- **Problems with pregnancy.** If you are pregnant or contemplating pregnancy, discuss with your provider. These medications can be dangerous for your pregnancy and your child.

Patient Signature _____ Date _____

Provider Signature _____ Date _____