BasePoint
PSYCHIATRY & WELLNESS

AGREEMENT FOR CONTROLLED SUBSTANCE MEDICATIONS

The use of certain medications including, but not limited to, control stimulants and anti-anxiety medications, may cause addiction and is only one part of the treatment program.

The goals of this medicine are to improve my overall wellbeing without causing dangerous side effects.

I have been informed:

1. If I drink alcohol or use street drugs, I may not be able to think clearly and I could become sleepy and risk personal injury.
2. I may get addicted to this medicine.
3. If I or anyone in my family has a history of drug or alcohol problems, there is a higher chance of addiction.
4. If I need to stop this medicine, I must do it slowly or I may get very ill.

I agree to the following:

- I am responsible for my medicines, I will not share, sell or trade my medicine. I will not take anyone else's medicine.
- I will not increase my medicine until I speak to my doctor or nurse.
- My medicine **will not** be replaced if lost, stolen, or used prior to refill date.
- I will keep my appointments set by my mental health provider.
- I agree to give a blood or urine sample, if asked, to test for drug use.

Refills

I am aware of the refill policy and will adhere to it.

I must keep track of my medications. **No early or emergency refills** will be made.

Pharmacy

I will only use one pharmacy to fill my medicine. My doctor may talk to the pharmacist about my medications.

Prescriptions from other Doctors

If another doctor prescribes me a controlled substance, I must report this to my provider.

Termination of Agreement

If my doctor concludes that this medication is no longer helpful in our treatment goals, this medication can be stopped slowly and safely under the doctor's supervision. If I do not follow the above policies during treatment, the doctor reserves the right to terminate me as a patient.

Patient_____

Patient/Guardian_____

Date_____