

**SAMPLE NEVADA WRITTEN INFORMED CONSENT  
CONTROLLED SUBSTANCE THERAPY FOR PAIN**

*Please review the information listed here and put your initials next to each item when you have reviewed it with your prescriber and feel you understand and accept what each statement says.*

\_\_\_\_\_ My prescriber is prescribing pain medications, including controlled substances, I have discussed with my prescriber the important provisions of the treatment plan established for me in a clear and simple manner. (§54(d))

\_\_\_\_\_ Every pain medication, including controlled substances, has different benefits and risks in the treatment of my symptoms. (§54(a))

\_\_\_\_\_ Before I was prescribed these pain medications, we discussed non-opioid, alternative means of treatment for my symptoms including

\_\_\_\_\_.

(§54(c))

\_\_\_\_\_ I have discussed with my prescriber and I understand the potential risks and benefits of treatment using controlled substances, including if a form of the controlled substance that is designed to deter abuse is available, the risks and benefits of using that form. (§54(a))

\_\_\_\_\_ When I take these medications, I may experience certain reactions or side effects that could be dangerous, including sleepiness or sedation, constipation, nausea, itching, allergic reactions, problems with thinking clearly, slowing of my reactions, or slowing of my breathing. (§54(b))

\_\_\_\_\_ When I take these medications, it may not be safe for me to drive a car, operate machinery, or take care of other people. If I feel sedated, confused or otherwise impaired by these medications, I should not do things that would put other people at risk for being injured. (§54(b))

\_\_\_\_\_ When I take these medications regularly, I will become physically dependent on them, meaning my body will become accustomed to taking the medications every day, and I would experience withdrawal sickness if I stop them or cut back on them too

quickly. Withdrawal symptoms feel like having the flu, and may include abdominal pain, nausea, vomiting, diarrhea, sweating, body aches, muscle cramps, runny nose, yawning, anxiety, and sleep problems. (§54(e))

\_\_\_\_\_ I may become addicted to these medications and require addiction treatment if I cannot control how I am using them, or if I continue to use them even though I am having bad or dangerous things happen because of the medications. I have discussed with my prescriber the proper use of the controlled substance. (§54(e))

\_\_\_\_\_ Anyone can develop an addiction to pain medications, but people who have had problems with mental illness or with controlling drug or alcohol use in the past are at higher risk. I have told my prescriber if I or anyone in my family has had any of these types of problems. (§54(a/e))

\_\_\_\_\_ I have discussed with my prescriber the methods to safely store and legally dispose of the controlled substance. I understand that prescriptions should always be stored in a secure place and out of the reach of children and other family member. To safely dispose of unused medications, I can return my medications in the bottle to a local pharmacy, a local drug-take back day, a local police or sheriff substation in my community, or I may safely dispose of them by dissolving them in a Dettera bag, which maybe be available for purchase at my pharmacy. (§54(f))

\_\_\_\_\_ I have discussed with my prescriber the manner in which the prescriber will address requests for refills of the prescription. (§54(g))

\_\_\_\_\_ I understand that, due to the risk of possible overdose resulting from use of controlled substances, the opioid overdose antidote naloxone (Narcan®) is now available without a prescription. I may obtain naloxone (Narcan ®) from a pharmacist. (§54(i))

\_\_\_\_\_ **For Women:** It is my responsibility to tell my prescriber immediately if I think I am pregnant or if I am thinking about getting pregnant. I understand the risk to a fetus of chronic exposure to controlled substances during pregnancy, including, without limitation, the risks of fetal dependency on the controlled substance and neonatal abstinence syndrome. (§54(j))

*I have reviewed this form with my prescriber and have had the chance to ask any questions. I understand each of the statements written here and by signing give my consent for treatment of my pain condition with medications, including controlled substances.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient name printed

\_\_\_\_\_  
Date

If the patient is an unemancipated minor, as the Parent/Guardian, I have discussed with the prescriber the risks that the minor will abuse or misuse the controlled substance or divert the controlled substance for use by another person and ways to detect such abuse, misuse or diversion.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian name printed

\_\_\_\_\_  
Date

SAMPLE