

Sample Controlled Substance Medication Agreement

The use of _____ (print names of medication(s)) may cause addiction and is only one part of the treatment for _____ (print name of condition).

The goals of this medicine are: (§56(a))

__ to improve my ability to function at work and my ability to function at home.

__ to improve my _____ (print name of condition) as much as possible without causing dangerous side effects.

I agree to the following:

- I will take the medication only as prescribed (§56(c))
- I will not share the medication with any other person (§56(d))
- I agree to inform my provider of the following, (§56(e) (1-4))
 - o Of any other controlled substances I've consumed either those prescribed or otherwise
 - o Whether or not I consume alcohol or any other cannabinoid compound while using prescribed controlled substances.
 - o Whether or not I have been treated for side effects or complications related to the use of controlled substances related to the use of controlled substance, including if I have experienced an overdose.
 - o Any other state that I have previously resided or had a prescription for a controlled substance filled.
- I agree to random pill counts of the prescribed medication in my possession (§56(f))
- I agree to testing and monitoring of drug use when deemed medically necessary by my provider. (§56(g))

I understand that my provider may change or discontinue this controlled substance treatment for the following reasons:

(Signature of patient)

(Signature of prescriber)

(date)

(date)