

Arizona Arthritis & Rheumatology Associates, P.C.

PATIENT/DOCTOR CONTRACT FOR PRESCRIBING NARCOTICS, CONTROLLED AND MOOD ALTERING MEDICINES.

Controlled substance medications (narcotics-opioids, tranquilizers, barbiturates, i.e. any drug which produces sleep or stupor) can be very useful, but have a high potential for misuse and abuse and are, therefore, closely controlled by governmental agencies. Used properly, some of them can be very effective pain medication. If used excessively, however, they can cause adverse effects such as impaired judgment, vomiting, constipation, lethargy, or even death. To ensure these medications are used properly, I agree to the following conditions:

1. I am responsible for my medications. IF THE PRESCRIPTION OR MEDICATION IS LOST, MISPLACED, OR STOLEN, OR IF I USE IT SOONER THAN PRESCRIBED, I UNDERSTAND THAT IT WILL NOT BE REPLACED.
2. I will not request nor accept narcotic or mood altering medications from any other physician or individual while I am receiving such medication from my physician or nurse practitioner at Arizona Arthritis & Rheumatology Associates, (except if I am a patient in a hospital). Besides being illegal to do so, it may endanger my health.
3. Refills on narcotic medication will be made only during regular office hours, 8:30 am to 3:30 pm, Monday thru Friday. Refills will not be made over the telephone at night, holidays, or weekends.
4. I understand that if I violate any of the above conditions, my narcotic prescriptions and/or treatment at Arizona Arthritis & Rheumatology may be ended immediately. These violations may also be reported to my primary physician, local medical facilities, and other authorities.

I have been informed by my physician or nurse practitioner about narcotic effects, including normal physiological effects or tolerance (need for more medicine to achieve the same pain relief) and dependence (withdrawal may occur if I stop the medicine abruptly), and the abnormal effect of addiction (physiological dependence), which is rare in patients with true pain. I also understand that narcotics can adversely effect my judgment in making business decisions and in operating equipment such as an automobile, and I must use special care while involved in these activities.

I understand that THE MAIN TREATMENT GOAL, is to improve my ability to functions and/or work, not simply decrease pain. In consideration of that goal, and that I am being given potent medication to help me reach the goal, I agree to help myself by following better health habits, involving regular exercise, achieving optimal weight control, and limiting the use of unhealthy substances. I understand that only through following a healthier lifestyle can I hope to have the most successful outcome to my treatment

Patient Signature

Date

Clinician Signature

Date