Schlamp Family Medical Clinic

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CONTROLLED SUBSTANCE CONTRACT

SCHLAMP FAMILY MEDICAL CLINIC DOES NOT TREAT CHRONIC PAIN. PAIN TREATMENT BEYOND ONE MONTH WITH CONTROLLED MEDICATIONS WILL NOT BE ADMINISTERED AT THIS OFFICE.

I,_____, understand that if I am prescribed **any** controlled substance and/or if I am prescribed a controlled substance for the treatment of pain, I must comply with the following rules:

1. I will take the medication as it is prescribed. Any changes must be discussed with the provider.
2. I will receive prescriptions at intervals decided by the physician.
3. I will not receive controlled substances for the treatment of pain from any other source.
4. I will consent to random drug testing.
5. I will safeguard my prescribed medication.
6. I will comply with scheduled appointments/follow ups.

GUIDELINES FOR CONTROLLED SUBSTANCES

1. Check the date and time of your next appointment before leaving your office visit.
2. Contact our office a least two days in advance if you need to cancel or reschedule your appointment.
3. Make an appointment for your refill at least 3 days to prior to your last dose.
4. It is our policy **not to replace** damaged, lost, or stolen medications. It is your responsibility to keep your medications in a safe and secure place.
5. You must discuss any changes in the way you take your medication with the provider before making any changes. Do not suddenly stop taking your medications. Do not add or increase the amount of medication you are taking.
6. If you are having problems such as intractable, unrelieved pain, and/or your condition becomes unstable, i.e., signs and symptoms unacceptable to you, or if you have questions or concerns, please contact our office.

In order to comply with guidelines from Regulating and Law Enforcement Agencies, drug testing will be required at each office visit of every patient receiving controlled substances.

All patients who are receiving medications repeatedly must have frequent metabolic laboratory studies to follow the effect of their medications on different organs.

These requirements must be complied with regardless of insurance sponsorship.

Signature of patient_____ Date_____