HEIGHTS MEDICAL
TODAY'S FAMILY PRACTICE SPECIALIZING IN YOU

NARCOTICS CONSENT FORM

Due to the increased number of deaths related to controlled prescription drug use, the State of NJ has requested physician offices to have all patients sign a document acknowledging the guidelines upon receiving a controlled prescription.

The administration of any controlled substance or narcotic medication is strictly decided by the physician. A visit is required for determination of the functional status of patients and documentation in the medical record before writing prescription for controlled substances. If a narcotic is prescribed, the following guidelines must be followed and understood by all patients.

The risks of taking a controlled substance include, but are not limited to, drug dependency, addiction, respiratory problems, depression, liver and/or kidney damage, nausea, vomiting and constipation, allergic reactions, dizziness, development of tolerance, impaired ability to operate machines or drive motor vehicles, overdose, fatal complications, etc.

Patients agree to take medications only as prescribed. By agreeing to take the medications as directed, patient is agreeing to random urine test to assess compliance.

Heights Medical will comply with the New Jersey Law requiring physicians to access the New Jersey Prescription Monitoring Program (NJPMP) database for each patient's controlled substance usage before any controlled prescription is given.
Rules of Narcotic Prescribing:

I agree that…

- I agree that lost, stolen, or misplaced prescriptions will **NOT BE REPLACED**. If I need a refill on a controlled substance, I MUST schedule an office visit. (The physician will **NOT** refill narcotic medication over the phone or without seeing the patient in the office).
- I agree that my prescription(s) will be given to me on my appointment days only; I will not call the office for prescription of a narcotic.
- I agree to take the narcotic medications exactly as prescribed and will not take any more pills in a day than allowed.
- I agree to obtain prescription medication from one designated licensed pharmacist. I understand that my doctor may check the PMP (Prescription Monitoring Program) at any time to check my compliance.
- I agree NOT to seek or obtain ANY mood-modifying medication, including pain relievers or tranquilizers from ANY other prescriber without first discussing this with my prescriber. If a situation arises in which I have no alternative but to obtain my necessary prescription from another prescriber, I will advise that prescriber of this agreement. I will then immediately advise my prescriber that I obtained a prescription from another prescriber.
- I agree to refrain from the use of ALL other mood-modifying drugs, including alcohol, unless agreed to by my prescriber. The moderate used of nicotine and caffeine are an exception to this restriction.
- I agree to submit to random urine, blood or saliva testing, at my prescriber's request, to verify compliance with this, and to be seen by an addiction specialist if requested.
- I agree to attend and participate fully in any other assessments of pain treatment programs which may be recommended by the prescriber at any time.
- I agree not sell or share narcotic medications.
- I agree to notify this office if I become pregnant.
- I agree to Keep prescribed medication secure and away from children

Patients agree if they deviate from the above guidelines that the physician owns the right to taper off or discontinue the narcotic. Failure to comply with the guidelines also could result in immediate termination from this practice.

By signing this, patient is expressing his/her understanding and agreement with these guidelines.

Patients Printed Name: _____

Patient's Signature: _____ Date: _____

Provider Signature: _____ Date: _____

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