



Controlled Substance Policy

If you receive a prescription for a “controlled” (Schedule II through V) drug, your identifying prescription information will be entered into Colorado’s Prescription Drug Monitoring Program (PDMP) database when this drug is dispensed to you. Your prescription information in the database is a protected health record and cannot be accessed by non-caregivers except as part of an authorized investigation. You have a right to access your information in the PDMP through the Colorado Board of Pharmacy. You may seek corrections to the information as you would with your other medical records.

Controlled Substances such as morphine, Percocet, methadone and codeine are some of the strongest known pain relievers. Studies suggest that they can be very helpful for some patients with pain. There are some patients who report being able to do more when they take narcotics, and others who do not. Most patients report considerable, but not complete pain relief.

My signature below indicates that I have read this Controlled Substance Policy and acknowledge and agree to the following statements:

I understand that taking narcotics might impede my ability to concentrate and think clearly, though this side effect usually decreases in time. Side effects may also include constipation, dizziness, itching, nausea, and difficulty urinating. If I already have these problems, I have told my doctor. I understand that the narcotics prescribed to me are intended to control, but not necessarily eliminate my pain.

I understand that taking narcotics regularly for a long period of time usually causes physical dependence. This means that if I stop taking the medications suddenly, I could experience withdrawal symptoms, such as tearing, runny nose, difficulty sleeping, agitation, rapid heart rate, abdominal pain, and severe discomfort. I also understand that taking narcotics over a long period of time might put me at risk for developing an addiction. This means that I could become preoccupied with taking narcotics or other drugs to the point that other important aspects of my life, such as family, friends, work, and health, could suffer.

WOMEN: Taking regular doses of narcotics during pregnancy can be harmful to developing babies. I am definitely not pregnant now, and I will make sure as best I can that I will not become pregnant while I am taking narcotics. If there is a possibility of pregnancy, please consult with your primary care physician.

Further, I agree that:

1. I will take my medication exactly as prescribed by my doctor. I will not take medications in excess of my doctor’s instructions.
2. I will avoid alcohol on days that I take narcotics. I will avoid all illicit drugs.
3. I will not drive, operate heavy machinery, or serve in any capacity related to public safety while taking narcotic medications.
4. I will submit a urine specimen or perform a breath alcohol test (BAT) whenever my doctor requests to test for narcotics and other drugs to help monitor me for addiction.
5. I will allow my doctor to contact other associated healthcare providers to discuss my uses of medications.
6. I agree to not get any other narcotics from any other physician.
7. I agree to utilize only one pharmacy for all of my narcotic prescriptions.
8. If my doctor recommends, I will see a specialist for the purpose of determining whether I am developing an addiction.

Signature _____

Print Name _____

Date _____