

Pediatric Associates, PSC Narcotic Agreement

Date: _____

Patient Name: _____

Patient DOB: _____

Patient SS# or KY Driver's lic#: _____

Provider Name: _____

To the Parent or Patient :

In accordance with House Bill 1 It is our policy at Pediatric Associates, PSC that patients (or their guardian) receiving prescriptions for controlled substances be required to sign a Controlled Substance Agreement. This agreement includes questions about the patient's previous history of controlled substance use and describes restrictions on use of these medications. Please answer the following:

1. Have you ever been diagnosed with or treated for substance abuse? ___Yes ___No

If yes, explain: _____

2. Have you been arrested for illegal possession of controlled substances? ___Yes ___No

If yes, explain: _____

By signing this agreement I agree or I agree to follow for my child:

- I agree to take the medication **ONLY** as prescribed and I will not change the dose without getting approval from my physician or provider.
- I agree not to share, sell or otherwise dispense this medication to anyone else.
- I understand this medication is potentially addictive and chances of addiction are less if the medications are prescribed to me in a controlled setting under close monitoring by my doctor or provider. This requires regular office visits to follow my progress.
- I agree that this medication will be stopped if my ability to function does not improve, if the medication loses its effectiveness, if I do not attend required office appointments, or if there is reason to believe I am misusing the medication in any way.
- If the doctor or provider named above is not available, only a partial prescription may be given until my doctor or provider returns.
- If I am unable to take the medication due to allergic or other adverse reaction, I will notify the prescriber and discard the remainder.
- I authorize Pediatric Associates, PSC to review medical information with other doctors, hospitals, and pharmacists.

Patient Signature

Date

Parent Signature (if patient is under 18 years)

Date