

# Foothills Family Medicine Narcotic Agreement

I \_\_\_\_\_ understand that for the purpose of this document, "narcotics" includes but is not limited to: Percocet, Vicodin, Hydrocodone, Lortab, Norco, Morphine, OxyContin, OxyCodone, Xanax, Valium, Alprazolam, Clonazepam, Temazepam, Klonopin, Tramadol, Ultram, Dilaudid, Demerol, Fentanyl Patches, Codeine and Tussonex \_\_\_\_\_

I understand that narcotic medications come with serious side effects, including but not limited to: **Addiction**, increased tolerance, **hyperalgesia**, constipation, sexual side effects, dizziness, nausea, vomiting, impaired judgment, short term memory loss and inability to drive or operate machinery. I understand that driving under the influence of narcotics can lead to car accidents and arrest for DUI. \_\_\_\_\_

I understand, and agree to the fact, that Foothills Family Medicine is not a pain management clinic and does not prescribe narcotics on an ongoing basis. \_\_\_\_\_

It is *my job* as a patient to schedule myself an appointment with the proper specialist(s) *before* running out of medications, as this may be the only time I am prescribed narcotics from Foothills Family Medicine. \_\_\_\_\_

I understand that narcotics are to be taken exactly as prescribed and only on an as needed basis. I will not take them more frequently than prescribed, nor will I combine them with other medications without expressed consent from the provider or pharmacist. \_\_\_\_\_

I understand that the strength, quantity and dosage instructions were written with my safety as the priority. \_\_\_\_\_

I understand that Foothills Family Medicine abides by all of the State Board Regulations. \_\_\_\_\_

I understand that if a health care provider at Foothills Family Medicine stops or lowers my dose of narcotics, it is done so with my health and safety in mind. \_\_\_\_\_

I understand that no refills will ever be written for narcotics. If I need another script written for my narcotics, I will come in for an appointment. At that appointment, I will be evaluated and may or may not receive another script. I understand that coming in for an appointment does not guarantee a script will be written. \_\_\_\_\_

I understand that carrying pills or a script for narcotics is a large responsibility. If anything happens to my script or pills, including but not limited to theft, loss or damage, I will under no circumstances be written a replacement script. \_\_\_\_\_

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Patient signature and date

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Prescriber/Witness signature and date