

## Patients Seeking Benzodiazepine, Ritalin and Narcotic Prescriptions

Because these drugs are commonly abused, we have to ensure that patients requesting them have adequate medical reasons to be receiving them. These checks take some time to make. We need to have notes from your previous general practitioners to specialist to verify your need.

Please note:

No prescription will be given until the following criteria are met:

We will ask for your written permission to request notes from any previous doctors. These will be returned if the decision is not to take you on.

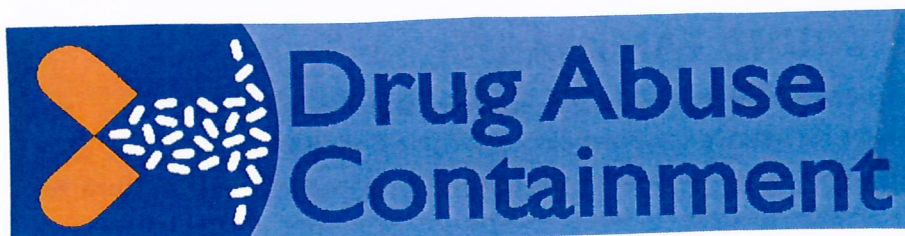
We will check with Medicines Control at the Ministry of Health that you are not already receiving prescriptions elsewhere.

No addictive drugs for pain will be prescribed without assessment at The Pain Clinic

The decision to provide you or not will be made at a team of doctors and nurses of this practice.

We may require you to have assessment at the Community Alcohol and Drug Clinic if appropriate.

If it is later found that drugs we are prescribing for you are being sold or traded or that relevant information has been withheld, or you are obtaining supplies elsewhere - **PRESCRIBING WILL CEASE.**



## Pre-treatment Agreement

This agreement relates to my use of controlled substances for chronic pain.

I understand that I will be provided controlled substances only if I adhere to the following conditions:

- I will use the substances only as directed by my doctor.
- I will not expect to receive replacement medications for medications that I have lost or have been stolen.
- I will receive controlled substances only from one doctor.
- I will not expect to receive additional medication before the time of my next scheduled refill.
- If it appears to my doctor that there are no demonstrable benefits to my daily function or quality of life from the controlled substance, I will gradually taper my dose as directed.
- I agree to submit to urine and blood screens at any time to detect the use of non-prescribed controlled medications and verify the presence of my prescribed medications.
- I recognise that my chronic pain represents a complex problem that may benefit from physical therapy, psychotherapy and behavioural medicine strategies. I agree to actively participate in all aspects of my treatment to maximise functioning and improve coping.
- I agree to schedule and keep follow up appointments with my doctor at the recommended intervals.
- I agree to use one pharmacy for filling all my prescriptions, except in case of emergency.
- This Pre-treatment Agreement will become part of my permanent Medical Record.

Signed (Patient) \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Doctor) \_\_\_\_\_ Date: \_\_\_\_\_

Adapted from [Chou 2009]