



PHYSICIAN HOUSECALLS

Patient Drug Contract

This drug contract stipulates the conditions under which Physician Housecalls will provide controlled medications to patients. The stipulations are as follows:

- Patient acknowledges that Physician Housecalls will utilize the Prescription Drug Monitoring Program to track controlled substance medications obtained by the patient.
- Patient acknowledges receipt of educational information regarding the goal of prescribing pain medication, adverse effects of opioids, the reduced ability to safely operate a vehicle, naloxone need assessment and administration, safe and secure storage and disposal of opioids, the need for a co-manager of medication therapy if cognitive limitations are present, and periodic reassessments of function, pain, risk and psychological state.
- If any medications are lost, stolen or otherwise unavailable, no more medications will be prescribed until the next available refill date.
- Patient will submit to routine drug screens, and if the tests are positive for any controlled substances other than those that are prescribed by the attending physician, no other medications will be provided and services may be terminated.
- Patient agrees to reserve the medications only for personal use to control pain and will be truthful in reports of pain ratings.
- Any positive drug test for any illegal substance may result in immediate termination of services.
- Any negative drug tests for prescribed controlled substances may result in immediate termination of services.
- Patient agrees to receive controlled medication prescriptions only from Physician Housecalls providers. If the Prescription Monitoring Program reveals prescriptions from other providers, the patient may be terminated from Physician Housecalls practice.

I hereby agree to the conditions listed above and understand that Physician Housecalls will not provide medications to me if the conditions are not met. With my signature, I acknowledge that I have received the opioid patient information sheet.

Patient Signature

Date

Physician Housecalls Representative Signature

Date