

Patient Name:

INS:

D.O.B:

Date:

ALTERNATIVE/NON OPIOID TREATMENTS

Physical and occupational therapy: are relatively low risk treatments (please review the physical therapy referral slip we gave you at your initial evaluation). Risks here are limited to muscle soreness, pain, swelling, and lack of improvement. It may only address muscular pain and not address the root cause of pain coming from spines, discs, or nerves. The benefits of these therapies are reduced pain through time, improved range of motion, and sense of well being.

Physical exercise: is a low risk activity. Risks may include increase pain and muscle soreness. Cardiovascular and lung disease can sometimes prevent or limit exercise. Benefits include reduced pain and improved capacity to perform routine daily activities. Joint stability, coordination, general mood, and cardiovascular stamina are likely to improve.

Psychological therapies: are low risk, yet may be ineffective for certain patients. The benefits of relaxation and other psychological therapies are reduced pain, improved coping ability, decrease reliance on oral pain medications, improved mood, and reduced stress.

Surgery: is the correct option for a very select group of patients. Surgical risks are numerous and can be severe. These risks include worsening of a painful syndrome, reduced range of motion, infection, bleeding, nerve damage, heart attack, stroke, and death. Those patients who are properly selected by their doctors to undergo surgery can achieve good results such as reduced pain and better function. However, proper patient selection is paramount.

Compounding medication: usually low risk therapies. Risks can include skin irritation, greasy skin, and difficulty with application, ineffective pain control, and skin rash. Benefits are reduced pain with none or a very low amount of systemic side effects.

Oral non-opioid pain medication: come in many classes of medications including NSAIDs, muscle relaxants, anti-neuropathic pain medicines (some older antidepressants, and anti seizure medications) etc. Each class has very specific risks that will be reviewed if prescribed. Overall, the benefits to non-opioid pain medications are reduced use of opioids, improved function, and better pain control, finally the chances of addiction with those medications are minimal or none.

I have fully read this document. I understand the risks and benefits of using these treatments for pain control. By signing this document I voluntarily give my consent for these treatments.

Patient Signature _____ Date _____

Physician Signature _____ Date _____

Patient Name:

INS:

D.O.B:

Date:

Broken Appointment Policy

A broken appointment is defined as any reserved block of time schedule for a patient which that patient either verbally cancelled less than 24 hours before the scheduled appointment or just 'NO SHOWS' without any advance notification.

As a courtesy to our patients, we call to confirm a patient's appointment one business day before the reserved time. Occasionally, our staff is unable to speak directly with the patient; and, therefore, leaves the reminder message with a family member, on an answering machine/voice mail, or we are unable to reach anyone to confirm the appointment, a broken appointment fee will be assessed. By not canceling in a timely matter, our practice is unable to fill those wanted but unfilled appointment times with other patients who are eager to be cared for in our practice. Regardless, it is the patient's obligation to remember the appointment he/she scheduled with our practice. Please keep our office informed as to changes in your address, phone numbers, employment and insurance status.

It is necessary for us to enforce this policy in order to be fair to all current and future patients. As the demand grows for services, this policy will decrease the waiting time for all patients and helps ensure availability and prompt medical care. We understand that a situation may arise that may not permit you to give us a 24 hour cancellation notice. Exceptions to this policy will be determined on an individual basis according to the circumstances.

Thank you for your understanding and cooperation.

I have read this Broken Appointment policy and fully understand it and agree with the terms.

Signature _____

Date _____

Patient Name:

INS:

D.O.B:

Date:

BOWEL REGIMEN when on OPIOD THERAPY

If you have any questions on your instructions, Please call the office 614-367-1654 Monday- Friday 8-4:00 PM.

All OPIOIDS (INCLUDING OPIOID PATCHES) are known to cause constipation. Allowing constipation to continue can lead to serious medical problems. Your physician has recommended the following prevention step to avoid, and to treat constipation in its early stages.

WHAT IS CONSTIPATION? Constipation is described as a change in the consistency or the frequency of your normal bowel habits.

DIET: WHAT HELPS? High fiber from fruits and vegetables, and drinking plenty of liquids, especially water. Prune juice may also be very effective.

BULK LAXATIVES: Bulk laxatives such as Metamucil and Fibercon should not be used (They may increase bulk, therefore increasing your constipation.)

SENEKOTS is a stool softener that contains a stimulate. (Please talk to the doctor.)

DO NOT WAIT FOR CONSTIPATION TO OCCUR, BUT SHOULD IT OCCUR, THE FOLLOING MEASURES ARE RECOMMENDED.

Add Milk of Magnesia- 30 ML, (over the counter) following the directions on the bottle. You may add Cascara 5ML (over the counter) to the Milk of Magnesia as needed.

If this is not effective you can then add Dulcolax suppositories (inserted rectally), following the directions on the package.

If you still haven't had a bowel movement, you should use Fleet Enema (over the counter liquid, inserted rectally). Follow the directions o the box.

If these medications are not effective, please discuss newer remedies like Naloxegol with Dr. Margolin.

IF NONE OF THE ABOVE RECOMMENDATIONS ARE EFFECTIVE, CONTACT US FOR FURTHER INSTRUCTIONS.

THESE INSTRUCTIONS HAVE BEEN REVIEWED WITH ME.

Patient Signature

Date

Patient Name:

INS:

D.O.B:

Date:

Opioid (Narcotic) Medications Use Safety Policy

Please refer to the patient agreement, consent for treatment and patient guidelines for detailed instructions. This policy is a brief reminder.

The **DOS** and **DON'T'S** of Opioid (Narcotic) Medications

DO:

- Read the Medication Guide.
- Take your medicine exactly as prescribed.
- Store your medicine away from children and in a safe place.
- Bring the unused medication to the office.
- Call your healthcare provider for medical advice about side effects.
- Please let us know about any changes in your medical history or medications
- Referrals for imaging studies (X ray, CT scan, MRI etc.) and other specialist evaluations may be required. Please schedule appointments and follow up on these referrals in a timely fashion.
- Do schedule your and keep your **appointments** to assure that you do not run out of your medications
- Do have **an active Primary Care Provider (PCP)** while being treated by the CPMI, please notify the CPMI and provide the PCP name and contact information. CPMI may communicate the treatment plan to your PCP.

DONT:

- Do not give your medicine to others
- **Do not obtain any controlled substances from any other provider without discussing with our office**
- Do not take any controlled substances unless they are currently prescribed to you (including old prescriptions)
- Do not hoard medications, please bring all unused controlled substances to the office
- Do not cut, break, chew, crush dissolve, snort or inject your medicine. If you can not swallow your medicine whole, please let us know
- **Do not drink alcohol or use while taking this medicine**
- **Do not use any recreational substances**
- Do not store/hoard unused narcotic medications at home

Call 911 or your local emergency service right away if:

- You take too much medicine.
- You have trouble breathing, or shortness of breath.
- A child has taken this medicine.

Talk to your healthcare provider:

- If the dose you are taking does not control your pain.
- About any side effects you may be having.
- About all the medicines you take, including over-the-counter medicines, vitamins, and dietary supplements.

I have read the conditions and terms stated above and have had all of my questions regarding these conditions and terms explained to my satisfaction. I have met the conditions, and I agree to honor all of the terms unconditionally. I agree that if I am unable to read or write that this policy has been verbally explained to me to my satisfaction. I also understand that if I violate any term of this policy, it is cause for the staff at Comprehensive Pain Management Institute, LLC to refuse prescriptions and/or treatment or discharge me from practice. I agree that if I am unable to read or write that this has been verbally explained to me to my satisfaction.

Patient Signature: _____

Date _____

Patient Name:

INS:

D.O.B:

Date:

OPIOIDS, BENZODIAZEPINES, AND ALCOHOL

Opioid: Opioid analgesics, also known as narcotic analgesics, are pain relievers that act on the central nervous system. Like all narcotics they may become habit-forming if used long periods.

Benzodiazepines: Benzodiazepines are medicines that help relieve nervousness, tension, and other symptoms by slowing down the central nervous system.

Alcohol: Ethanol especially when considered as the intoxicating agent in fermented and distilled liquors, drink (as whiskey or beer) containing ethanol.

It is important that you understand that it is **NOT** acceptable for you to take narcotic medication and/or benzodiazepines and drink alcoholic beverages. Narcotic medications and benzodiazepines can be safely prescribed together in appropriate dosages. Use of alcohol along with a narcotic medications and/or benzodiazepines contributes to the increasing numbers of overdoses and death. The risk of increasing respiratory depression is higher with pre-existing COPD, sleep-disorders (particularly sleep apnea) and other breathing problems. There is also a risk of increase in renal or hepatic (liver) impairment (please see the consent for treatment, patient contract and the guidelines for treatment).

IF YOU HAVE DECREASED RESPIRATORY RATE, ANY DIFFUCULTY FALLING ASLEEP, POOR QUALITY OF SLEEP, SIGNS OF SLEEP APNEA, ASTHMA, PNEUMONIA OR ANY OTHER RESPIRATORY INFECTION OR DISORDER PLEASE LET THE OFFICE STAFF KNOW AS SOON AS POSSIBLE, SINCE YOUR MEDICATION DOSE MAY NEED TO BE ADJUSTED OR HELD.

IF YOU TEST POSITIVE FOR ALCOHOL ON A URINE DRUG SCREEN, YOU MAY BE DISMISSED FROM THE PRACTICE AND OR REQUIRE ADDITIONAL EVALUATION AS PER PATIENT CONTRACT AND THE GUIDELINES FOR TREATMENT.

IF YOU HAVE A DRINKING PROBLEM AND YOU NEED HELP OR HAVE OTHER QUESTIONS, YOU MAY SPEAK TO EITHER JING LIU OR DR. MARGOLIN IN TOTAL CONFIDENCE.

PATIENT SIGANTURE

DATE

Patient Name:

INS:

D.O.B:

Date:

**COMPREHENSIVE PAIN MANAGEMENT INSTITUTE, LLC
Patient Contract for Treatment Conditions/Terms for Treatment**

To receive treatment with or without narcotic pain medication, the patient must meet the following CONDITIONS/TERMS:

1. The patient has never been diagnosed with, treated, or arrested for substance dependence, abuse, or trafficking. I am a resident of the state of Ohio.
2. The patient has never been involved in the illegal use, sale, illegal possession, dispersion, or transport of controlled substances, sleeping pills, nerve pills, or pain pills or under investigation or arrested for such activities. The patient is not in contact with people involved in these activities.
3. The patient certifies they are a legitimate patient needing legitimate care.
4. The patient certifies that they have not provided misleading or false information or false medical history to the referring physician or physicians at Comprehensive Pain Management Institute, LLC and agrees they are not seeking treatment under false pretense. The patient understands that physician base treatment, at least 50% on history and if is found that the patient has provided false statements they may be released. The patient agrees they (or anyone with them) do not carry concealed weapons, tape recorders, cameras, and other devices. The patient certifies they aren't appearing to seek care as part of an ongoing investigation or threat of prosecution. The patient agrees to see a goal such as decreased pain, improved function, return to work, or return to school.
5. Patient certifies that if medical issues arise after office hours they will immediately call their Primary Care Physician or go to the local Emergency Room.
6. **FEMALE ONLY** – the patient certifies that she is not pregnant. The patient agrees and understands that it is her responsibility to notify Comprehensive Pain Management Institute, LLC immediately if she is planning a pregnancy, or believes that she may be pregnant and agrees not to take any medications without approval of OB-GYN doctor, if pregnant.
7. The patient understands that an accurate diagnosis requires an accurate history, physical exam, and imaging. Therefore, treatment recommendations are not made over the phone, only in person after being seen by a physician.
8. **The patient agrees to random urine and / or saliva and /or blood drug testing.**
9. The patient agrees not to take over-the-counter medications (i.e., Tussinx, Robitussin, Vicks inhaler, etc.), Marinol, hemp oil, and/or Chinese herbs.
10. We reserve the right to require the patient to submit to a psychological/psychiatric evaluation and/or patient profile and release this information as part of any medical records request.
11. The patient agrees to supply to Comprehensive Pain Management Institute, LLC name, address, and telephone number of the pharmacy that is filling the prescription of pain medication and will use only one pharmacy.
12. The patient agrees to have his/her prescriptions prescribed by Comprehensive Pain Management Institute, bill by only one pharmacy. In the event a pharmacy does not cover prescribed medication, the patient will attend another office visit to complete appropriate paperwork for pharmacy change per out controlled substance agreement. In the event of an emergency requiring another physician's attention, the patient will immediately inform his/her physician at Comprehensive Pain Management Institute, LLC of such prescribing physician and dispensing pharmacy.
13. The patient agrees to allow his physician at Comprehensive Pain Management Institute, LLC to send a copy of the agreement to the patient's pharmacy, referring physicians, all other physicians involved in the patients care and the patient's Emergency Rooms. The patient agrees to allow the physicians at Comprehensive Pain Management Institute, LLC to discuss his/her care freely with other physicians.
14. The patient agrees to allow his physician at Comprehensive Pain Management Institute, LLC to inform Emergency Rooms in the area that the patient is under the care of Comprehensive Pain Management Institute, LLC.
15. The patient agrees to take the medication only and exactly as prescribed by the physicians at Comprehensive Pain Management Institute, LLC. The patient agrees not to share medications with other individuals. The patient agrees that medications will only be prescribed that are on plan formulary. The patient will not drink alcohol with controlled medications.
16. The patient understands that each prescription is for a specific number of pills, designed to last a certain amount of time. **NO** early refills, **NO** exceptions.
17. The patient understands that **NO** refills will be given if the prescription does not last until the next scheduled visit.
18. The patient understands that **NO** allowance will be made for lost or stolen prescriptions or pills, or those destroyed by fire, flood, etc. If medication prescribed causes adverse reaction, patient is to stop medicine immediately and inform physician and is required to bring the unused medication to the next office visit. The patient will safeguard medications.
19. The patient understands that prescriptions will be dispensed only after a scheduled office visit, not over the phone.
20. The patient understands that **NO** prescriptions for pain medication will be given over the telephone.
21. The patient agrees that they will not seek pain medication at night, on weekends, holidays, or prior to next visit.
22. The patient agrees not to obtain pain mediation from any other physician or emergency room or other person.
23. I understand **obtaining controlled medications from more than one physician/dentist/clinic is a felony.**
24. The patient agrees to keep all scheduled appointment at Comprehensive Pain Management Institute, LLC. If the patient is unable to keep an appointment, he/she must give at least 24 hours' advance notice. However, **NO** scheduled/controlled medication prescriptions will be called in.
25. The patient agrees to see the physician at Comprehensive Pain Management Institute, LLC if the physician feels it is necessary to change the patient's dosage. If the physician suspects the patient are not following his/her orders when asked to case use of a controlled substance, the patient permits Comprehensive Pain Management Institute, LLC to pursue remedies which will disable the patient's driving privileges. The patient understands not to drive or operate machinery when taking controlled medications.
26. The patient allows Comprehensive Pain Management Institute, LLC to call other pharmacies for poly-drug prescriptions and/or usage. All patients are required to undergo mandatory drug screen at facility choice (i.e. primary care physicians, hospital, or walk in clinic) and agree not to use Vicks inhalers, poppy seeds, or cough/cold remedies.

Patient Signature: _____

Date: _____

Patient Name:

INS:

D.O.B:

Date:

27. The patient understands that the physician at Comprehensive Pain Management Institute, LLC may stop treatment and cancel any prescription if any of the following occur:
 - The patient gives, sells, or misuses the pain medication, or fails to keep appointments.
 - The patient fails to reach goals such as decreased pain
 - The patient attempts to obtain pain medication at night, on weekends, on holidays, sooner than next office visits, from any other physician, emergency room, or other source.
 - The patient is released for any reason or fails to show improved function.
28. I understand that all medications and any refills will be cancelled immediately if, in the opinion of the physician/staff, any allegations, suspicious information, or investigation is initiated by anyone regarding potential violations of this contract is brought to Comprehensive Pain Management Institute’s staff attention.
29. The patient agrees that to Comprehensive Pain Management Institute, LLC physician/staff may cancel medications at any time without cause and without warning for any medical or non-medical reason, suspicion of incarceration, or even without a specific reason, and understands to see primary care provider, mental health provider immediately when medications are cancelled or treatment discontinued.
30. I understand that I should take the least amount of controlled medications to relieve the symptoms and should never exceed the prescribed amount and should slowly taper off all controlled substances over several weeks whenever possible. I understand these medications are only to be taken as needed. I understand the risks of taking controlled medications up to and including death. I will take the minimal amount of medication to improve function.
31. The patient will adhere to the advice of the physicians regarding operations of motor vehicles or any other machinery. If the to Comprehensive Pain Management Institute, LLC witnesses or is able to validate information of the patient’s driving under the influence (i.e. drugs or alcohol) the patient authorizes to Comprehensive Pain Management Institute, LLC to notify the authorities and not be held liable for any damages which may occur.
32. The patient agrees their records may be given to Narcotic Detectives, DEA, or other authorities and will hold them to Comprehensive Pain Management Institute, LLC harmless, and patient agrees to random drug testing.
33. A authorize to Comprehensive Pain Management Institute, LLC to obtain narcotic profiles from the DEA, and reports from the State Boards of Pharmacy and release all past, present, and future profiles to anyone with written authorization to receive medical records and understand that obtaining controlled medications from ore than one physician is a felony.
34. I understand that controlled medications including, but not limited to Tramadol, Codeine, Tylenol #3, Darvocet, Propoxyphene, Lortab, Lorcet, Vicodin, Norco, Hydrocodone, Percocet, Roxicodone, Oxycontin, Oxycodone, MS Contin, MSIR Kadian, Avinza, Morphine, Dilaudid, Methadone, Demerol, Duragesic Patch, Fentanyl Patch, Stadol, Actiq, Fioricet, Ambien, Chloral Hydrate, Dalmane, Lunesta, Rozerem, buSpar, Valium, Ativan, Xanax, etc. have risks associated with their use, such as druger interactions, respiratory, depression, death, addiction, drowsiness, allergic reactions, and agree to discuss all risks/side effects with my pharmacist, family members, family physician, other treating physicians before and during treatment.
35. The patient understands that physical dependence is a normal response to many types of medications including steroids, antidepressants, and controlled medications, and tolerance to pain relieving can develop.
36. Patient realizes pain medication may interfere with endocrine function, i.e. interference with libido, sexual function, etc. and the patient agrees to see their family physician or endocrinologist if they have any of these problems.
37. If I develop any feelings of hopelessness, suicidal thoughts, or desire to hurt myself or others, I agree to immediately seek psychiatric care and notify to Comprehensive Pain Management Institute, LLC and my primary care provider. I will return all medications to the office if this feeling occurs.
38. I understand that not taking medications as prescribed or overdosing on medications can cause death.
39. I have told (or will tell) my family members and caregivers of my use of controlled medications for treatment of pain and they are in agreement with my treatment plan and agree to hold harmless physicians of to Comprehensive Pain Management Institute, LLC. I agree to discontinue treatment if family is not in agreement or my family physician is not in agreement or if I fail to reach goals.
40. I will discuss my diagnosis and treatment with family, family physician, mental health provider, second opinion physician, and if they are not in agreement, will discontinue treatment and notify to Comprehensive Pain Management Institute, LLC.
41. The patient will notify to Comprehensive Pain Management Institute, LLC if they have been or are currently receiving treatment in a Pain Clinic.
42. The patient will notify to Comprehensive Pain Management Institute, LLC if they have been or are currently receiving treatment from a psychiatrist.
43. The patient will notify to Comprehensive Pain Management Institute, LLC if they have been or are currently receiving treatment in a Methadone or Suboxone Clinic.
44. I hereby authorize any pharmacy, Emergency Room of record to release any and all information to the physicians and /or staff of Comprehensive Pain Management Institute, LLC. I agree with video and/ or audio recording of my visit.
45. I agree that I have been seen and examined by Comprehensive Pain Management Institute’s physician and/or nurse practitioner today and have no complaints regarding my diagnosis, treatment plan, physicians, or staff at the Comprehensive Pain Management Institute, LLC. If I do have problems, I will hand deliver in writing to the Office Manager today. I agree to discontinue treatment if I don’t reach set goals such as decreased pain, improved functions, return to work, and return to school.
46. I have read the conditions and terms stated above and have had all of my questions regarding these conditions and terms explained to my satisfaction. I have met the conditions, and I agree to honor all of the terms unconditionally. I also understand that if I violate any term of this agreement, it is cause for the physicians at Comprehensive Pain Management Institute, LLC to refuse prescriptions and/or treatment. I agree that if I am unable to read or write that this has been verbally explained to me to my satisfaction. I have met the conditions, and I agree to honor all of the terms unconditionally. I also understand that if I violate any term of this agreement, it is cause for the physicians at Comprehensive Pain Management Institute, LLC to refuse prescriptions and/or treatment. I agree that if I am unable to read or write that this has been verbally explained to me to my satisfaction.

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Patient Name:

INS:

D.O.B:

Date:

Patient Name _____ DOB: _____ Date: _____

CONSENT TO TREATMENT

BENEFITS AND RISKS OF TAKING PRESCRIPTION MEDICATIONS FOR MANAGEMENT OF PAIN ON A LONG-TERM BASIS, AND INSTRUCTIONS TO PATIENTS.

As a part of your individualized treatment plan for the relief of pain, your Comprehensive Pain Management Institute, LLC physician may recommend that you regularly take a prescription medication that may include narcotic drugs.

The following material presents the benefits and risks of regularly taking narcotic prescription medication for the management of pain, provides certain instructions for you to follow while taking prescription medications, and asks for your consent to treatment. Please read this information carefully and ask your physician to further explain any of the material that is unclear to you, and ask any additional questions you may have.

The potential benefits of regularly taking prescription medications for the treatment of pain include the ability of medications to reduce your sensation of pain, allow you to achieve a greater range of daily activity, and increase your ability to participate in physical therapy and rehabilitation programs.

However, taking prescription medications on a long-term basis may have side effects that pose serious potential risks, injury, or death, to you and/or to others. These side effects and risks include but are not limited to:

- Sedation, confusion, and problems with balance, coordination, and/or reaction time.

Pain medications can impair your mental and/or physical ability to perform routine activities such as making important decisions, standing, or walking, and hazardous activities such as driving a vehicle or operating machinery. Do not make important decisions, stand or walk without assistance, or drive or operate machinery unless you are certain that you are not having these side effects:

- **Depressed respiration** (slowed breathing). Pain medications can interfere with your, breathing control and cause fatal respiratory depression, especially if you have lung, liver, kidney disease. Have someone stay with you who will check your breathing while you are asleep whenever a new or different medication is prescribed or whenever the dose of a medication which you are already taking is increased.

The risk of increasing respiratory depression is higher with pre-existing COPD, sleep-disorders (particularly sleep apnea) and other breathing problems. The risk is higher in renal or hepatic (liver) impairment (please see the consent for treatment, patient contract and the guidelines for treatment).

IF YOU HAVE DECREASED RESPIRATORY RATE, ANY DIFFUCULTY FALLING ASLEEP, POOR QUALITY OF SLEEP, SIGNS OF SLEEP APNEA, ASTHMA, PNEUMONIA OR ANY OTHER RESPIRATORY INFECTION OR DISORDER PLEASE LET THE OFFICE STAFF KNOW AS SOON AS POSSIBLE.

- **Unintended rapid absorption of narcotic.** Certain prescription narcotic drugs are time- released, meaning they are manufactured to give off their medication slowly over several hours. Do not chew or break time-released oral drugs (such as Oxycontin, MS Contin, Exalgo, Kedian and Oramorph), because the narcotic will be released into your system quickly, possibly causing side effects or a dangerous overdose. If you are prescribed the time-released fentanyl (Duraqesic) patch which is worn on the skin, do not expose the patched area of skin to direct heat or sunlight, because doing so will cause you to absorb the drug more rapidly than intended, also possibly causing side effects or a dangerous overdose. Keep the patches locked and always away from the reach of children.

Patient Initials _____ **Date:** _____

Patient Name:

INS:

D.O.B:

Date:

Exaggerated effects if taken with other sedating drugs. Taking narcotic medications while also being treated with central nervous system depressant drugs may cause greater sedation, lower blood pressure, and/or other side effects than if either type of medication is taken alone. Do not make important decisions, stand or walk without assistance, or drive or operate machinery unless you are certain that you are not having side effects of either narcotic or sedating drugs.

Poisoning. If taken by others who are not tolerant of the effects, or if taken by you, the patient, in doses greater than prescribed, pain medications can cause injury and/or death. Keep pain medication safely away from anyone who might accidentally or intentionally swallow it or apply it, ESPECIALLY CHILDREN. Dispose of unused medication (and used Fentanyl (Duragesic) patches) safely and in a way that no one will be able to misuse it. We prefer that you dispose the unused medication at a designated facility and bring the office the proper documentation. If this is not possible, please bring the unused medications to the office.

Development of tolerance. After you have taken a given dose of a narcotic drug regularly for a period of time, your body will adapt to it and the dose will not be as effective in controlling your pain. This is called becoming "tolerant". If next a higher dose was to be prescribed, in time you can become tolerant to the higher dose as well. Tolerance can make the treatment acute pain after trauma or surgery less effective and possibly more risky. Inform physicians who might need to treat you for acute pain that you are also regularly taking prescription narcotic medication.

Withdrawal Suddenly stopping or decreasing your intake of narcotic medication may bring on withdrawal. Symptoms of withdrawal include nausea, sweating, muscle tremor, agitation, and loss of appetite, and might last for several days. Do not stop taking or change your daily intake of narcotic medication unless you are directed to do so by your physician. Be certain that you understand how long a narcotic prescription is to last you and monitor your usage of the medication so that it lasts as long as intended, because running out early is likely to cause withdrawal.

Immune System Your immune system may be suppressed and your hormone levels may decrease over time while being on chronic opioids.

Addiction and/or drug - abuse. Certain individuals may develop signs of addiction and/or drug abuse while taking prescribed pain medications. Addiction is the compulsive use of a drug for reasons other than those for which it was prescribed, and is generally associated with preoccupation with maintaining a supply of drug and the continued use of the drug despite its negative effects on social, employment, and family situations. If your physician has reason to believe that you may be suffering from addiction and/or drug abuse, you may be asked for a urine or blood sample for analysis. You may be referred to a substance abuse specialist for an evaluation and physical examination. In such a situation, our continuing to prescribe (or our ceasing to prescribe) pain medication for you would depend upon the recommendations of the substance abuse specialist.

- Only your pain doctor will prescribe opioid medications for you.
- You agree not to ask for opioid medications from any other doctor.
- You agree to keep all scheduled appointments, not just with your physician, but also with recommended therapists and psychological counselors. Three or more missed appointments or same day cancellations may lead to patient dismissal.
- You agree that all medications may be discontinued at any time if treatment goals are not met or in case of failure to cooperate with the treatment plan, signs of aberrant drug related behavior or compliance concerns at Dr. Margolin and CPMI staff full discretion.

Patient Name:

INS:

D.O.B:

Date:

Patient Initials

Date:

- You agree to provide regular samples for drug screens. Positive tests for any illegal substances or any result that is inconsistent with treatment plan or refusing to participate in a drug screen will result in discontinuation of all scheduled medications or your dismissal and referral elsewhere for substance abuse evaluation and management.
- No prescriptions will be refilled early.
- No prescriptions will be refilled if you lose, destroy, or have any of your medication stolen.
- You agree to comply fully with all aspects of your treatment program including behavioral medicine (psychology/psychiatry) and physical therapy, if recommended. Failure to do so may lead to discontinuation of your medication and referral to an outside physician.
- Successful pain management entails employing multiple interventions, including interventional procedures, active participation in regular physical exercise and the use of psychological coping strategies. A pattern of passive reliance on medications, resistance to more active physical treatments, and repeated failure to non narcotic treatments may lead to discontinuation of medications and/or referral to an outside physician.

We understand that emergencies can occur and under some circumstances, exceptions to these guidelines may be made. Emergencies will be considered on an individual basis.

Opioids may cause drowsiness that can be worsened with alcohol, benzodiazepines, and other sedating medications. Use care when driving or operating machinery. An overdose can cause severe side effects, even death.

Other common, usually temporary, side effects include nausea, itching, and sweating. Psychological depression and lowered testosterone levels (in men) may also occur. Sleep apnea, if present, may be worsened by opiates. Constipation commonly occurs, and often does not improve with time. It is impossible to predict opioid side effects in any individual patient. Having side effects on one opiate does not necessarily mean there will be side effects on another opioid.

You must take opioids only as directed. Federal law prohibits giving this medication to anyone else. You should not take any pain medications that were not prescribed to you at our clinic, including medications that were prescribed to you or to other family members or any other person in the past (non compliance may result in discontinuation of all scheduled medications or discharge). Physical dependence will develop with regular use, but does not by itself indicate addiction. A withdrawal syndrome will develop if you stop your medication abruptly. Tolerance may develop to the pain relief effects of opioids, but in chronic pain states usually occurs slowly, if at all.

Not all pain conditions respond to opioids. Some pain may only be partially responsive to opioid therapy. Total elimination of pain is an unrealistic goal. Escalating dosages may indicate that opioids are not effective or that there is an underlying problem with addiction or psychological dependence. Discontinuation of opioid medications may need to be done under these circumstances.

Patient Initials

Date:

Patient Name:

INS:

D.O.B:

Date:

I, the under signed, agree to follow these guidelines that have been fully explained to me. All of my questions and concerns regarding treatment have been adequately answered.

I give permission to my pain doctor to contact my other healthcare providers, for the purposes of sharing information concerning my situation, as is deemed necessary for coordinated, high quality care. I understand that that Comprehensive Pain Management Institute, LLC is monitored with video and audio surveillance devices. I agree to video and audio recording for security compliance purposes.

If I do not follow these guidelines fully, my doctor may taper and stop opioid treatment and refer me elsewhere for care.

I have read the conditions and terms stated above and have had all of my questions regarding these conditions and terms explained to my satisfaction. I have met the conditions, and I agree to honor all of the terms unconditionally. I agree that if I am unable to read or write that this has been verbally explained to me to my satisfaction. I also understand that if I violate any term of this agreement, it is cause for the physicians at Comprehensive Pain Management Institute, LLC to refuse prescriptions and/or treatment or discharge me from practice. I agree that if I am unable to read or write that this has been verbally explained to me to my satisfaction.

Patient Signature

Date:

Physician Signature

Date:

Patient Name:

INS:

D.O.B:

Date:

The Rational Use of Pain Medications

- In the event of an emergency, if I do obtain controlled substances from another provider, I understand that I am required to disclose this information to CPMI within 48 hours of discharge from any emergency services. I understand that it is my responsibility to make sure that CPMI is notified of any such treatments, and that I am to check in with CPMI before combining any pain medications with the prescriptions that CPMI has provided me.
- I understand that I will follow the guidelines on properly disposing of controlled substances that will be explained to me by the clinical office staff.
- I will notify CPMI of any changes in name, address, or phone number. I understand that I must have an updated phone number with my provider at all times. I cannot be on dangerous medications, such as Opioids, if my provider cannot reach me within a reasonable period of time (usually considered within 24 hours of the initial attempt). I agree to return any phone calls from CPMI within 24 business hours.
- I understand that any follow-up appointments may be scheduled with a Licensed Nurse Practitioner or Physician's Assistant. Additionally, I understand that refusing to see one of CPMI's providers will likely result in my no longer being able to be treated by the practice.
- Once a prescription has been filled, I understand that all questions regarding that prescription should be directed to my pharmacy.
- I understand that CPMI does not mail prescriptions under *any* circumstances.
- I understand that with any controlled substance that may be prescribed to me, there are inherent risks; such as sedation, loss of function, and/or impairment may also occur. I agree not to drive while under the influence of any prescribed controlled substance.
- I understand that any non-professional or inappropriate behavior towards any CPMI staff, affiliate, or provider will not be tolerated. In addition, I agree to be respectful to the other patients whom I may encounter in the waiting room, lobby, hallways, etc. I understand that I may not loiter in the parking lot of any CPMI location.
- I understand that there may be a medication prescribed or administered to me that is a "compounded" medication. These are compounded by specialty pharmacies, and are regulated differently than typical medications found stocked on the shelves at commercial pharmacies. If I have any questions regarding any compound medication that may be prescribed to me, CPMI staff is able to provide pharmacy information upon request.
- I understand that by missing appointments, or canceling/rescheduling with less than a 24 hour notice in advance, may result in the provider determining that I am unwilling or unable to comply with the treatment plan that has been determined to be the best option for my care. Due to the severity of the outcome of my non-compliance, I understand that I may be released from CPMI for missing appointments or canceling/rescheduling appointments with less than a 24 hour notice.

Patient Signature: _____

Date: _____

Patient Name:

INS:

D.O.B:

Date:

Patient Name:

INS:

D.O.B:

Date:

COMPREHENSIVE PAIN MANAGEMENT INSTITUTE, LLC GUIDELINES FOR OPIOID MEDICATION USE.

Opioid medications are commonly known as narcotics. By reading this consent form, you will have information to make a safe and responsible choice about the benefits and risks of beginning or continuing to use opioid medications. If you need more information to make this important decision, please ask your caregiver.

GOAL OF USING AN OPIOID MEDICATION:

Opioid medications are primarily used to treat severe pain. Severe pain can limit every aspect of a person’s life. Patients with severe pain have trouble getting through their day without constantly thinking about their pain. It affects their ability to care for themselves, concentrate, or think clearly. It can affect a person’s relationships with other people who are important to them. It almost always affects their ability to get a restful night sleep. Opioid medications are reserved for severe pain that does not respond to other medications, treatments and methods of handling pain.

The purpose of this medication is to increase your ability to function at work and at home, and to get a restful night’s sleep. The success of using this medication will be measured by your activity level, not your report of pain. The narcotic medications will be prescribed as a short term trial, which duration is defined by the time of the patient’s next appointment.

RISKS OF USING OPIOID MEDICATIONS:

Opioid medications have the potential to cause an addiction. This occurs in people who are susceptible or who are known to have a history of addiction. Physical tolerance and or dependence occur with regular use of an opioid (narcotic), but this is different from addiction. For a person’s health, safety and protection, this medication will be stopped if there is a concern about addiction. Please read the educational sheets available in the waiting room and enclosed to this note for more information about tolerance and dependence, and addictions.

OPIOID MEDICATIONS CAN ALSO HAVE EFFECTS THAT INCLUDE BUT ARE NOT LIMITED TO:

Constipation, Depressed mood, Urinary retention, Drowsiness, Mental slowing, Trouble breathing, Nausea and Vomiting

STAFF RESPONSIBILITY

- Your clinician will monitor your use of opioid medications for signs of TOLERANCE. That is, we will try to make sure you do not need to increase your dose.
- This medication will be prescribed by a SINGLE PROVIDER.
- We do not “TAKE OVER” or “TITRATE” narcotic medications. The fact that you have received narcotic in the past does not guarantee that we will initiate or maintain narcotic therapy. Each patient will undergo a comprehensive assessment as per accepted guidelines for being a candidate for narcotic medications and if there is no effect of narcotic medications, the patient will be weaned off of them at any time as clinically indicated.**
- This medication will be prescribed to enable you to engage in more activities, such as physical therapy.
- Lost or stolen prescriptions for opioid medication will not be replaced (PLEASE REVIEW PATIENT CONTRACT FOR ADDITIONAL INFORMATION)

YOUR RESPONSIBILITY

- A person is responsible for their medications, and needs to make sure that prescriptions are filled correctly. Therefore, they need to make certain that the pharmacy gives them the correct number prescribed.
- No increases in medication doses will be made without the approval of the prescribing physician. If you take more medication than is prescribed, you will run out of medication before being given more. Please balance your use of these medications.
- You may not use any type of illicit substance while receiving this medication. This indicates “pain pills” from any other source, marijuana, and tranquilizer (non-prescribed), “uppers”. Please ask your provider if you have any questions about this.
- Patients are expected to be on time for all appointments including those not related to refill medications. You will be asked to come in before a medication is to be refilled at times.
- Please bring all unused pain medications for each visit.
- Show up** for your appointment on time as scheduled. Including MRI, Injections, or any other testing or procedure when scheduled or asked to come in.

Patient Initials _____

Date: _____

Patient Name:

INS:

D.O.B:

Date:

- **Do Not** lose your MEDICATIONS. Please safe guard them, because they can constitute harm for children or the public. **Do Not** lose your prescriptions they will not be replaced.
- **Do Not** obtain another controlled substance prescription from two physicians at the same time. (it is a **felony** with a \$1000.00 fine) We do track your prescriptions usage.
- **Do not** borrow or try any controlled substances. This constitutes a violation to your contract and it will show up in your urine drug screen. This also will place you in clear danger with a serious outcome including possible death.
- Be ready for an AUDIT or drug count at any time.
- **Recreational marijuana is considered a drug abuse/ violation of the patient contract.**
- Since you are on strong medicine for pain, you should reject any pain prescriptions from other physicians, except after surgery or you will be discharged.
- Abstain from alcohol.

JOINT RESPONSIBILITY

- You may be asked to bring unused medications to Pain Clinic for a random audit. We will count your pills with you to make sure that you are using them correctly
- You may be asked to provide a urine test to detect if there are other medications in your system that can have dangerous interaction with the opioid medications we are prescribing. We will also test to see if the correct level of the medication we are giving you is in your system.
- If an opioid medication is unsuccessful in increasing your activity level, we will taper this medication and find another method of helping you to handle your pain. Medical care will continue to be provided until you can return to your Primary Care Provider.
- Referral to facilities specializing in medication detoxification may be necessary, such as indicated in the CPMI addiction medicine referral package.

CAUTION:

- OPIOID MEDICATIONS MAY CAUSE DROWSINESS.
- ALCOHOL MUST **NOT** BE CONSUMED WHILE TAKING THESE MEDICATIONS.
- THESE MEDICATIONS MUST BE KEPT OUT OF REACH OF CHILDREN AND PETS.
- USE CARE WHEN OPERATING A CAR OR DANGEROUS MACHINERY.
- FEDERAL LAW PROHIBITS THE TRANSFER OF THESE DRUGS TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM THEY WERE PRESCRIBED (please review Consent For Treatment enclosed for a detailed list).
-

I, the undersigned, agree that the above guidelines have been explained to me, and that my questions and concerns regarding this treatment have been adequately answered. I understand that periodic urine toxicology will be performed and that if there is no effect of narcotic medications, I will be weaned off of them at any time as clinically indicated. I agree to comply with the above guidelines. I was offered a copy of this document.

1. I agree to keep, and be on time to, all my scheduled appointments.
2. I agree to adhere to the payment policy outlined by this office.
3. I agree to conduct myself in a courteous manner in the doctor's office.
4. I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without any recourse for appeal.
5. I agree not to deal, steal, or conduct any illegal or disruptive activities in the doctor's office.

Patient Initials _____

Date: _____

2

Patient Name:

INS:

D.O.B:

Date:

6. I understand that is dealing or stealing or if any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my medication is filled, that the behavior will be reported to my doctor's office and could result in my treatment being terminated without any recourse of appeal.
7. I agree that my medication/prescription can only be given to me at my regular office visits. A missed visit may result in my not being able to get my medication/prescription until the next schedules visit.
8. I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of why it was lost.
9. I agree not to obtain medications from any doctors, pharmacies, or other sources without telling my treating physician.
10. I understand that mixing this medicine with other medications, especially benzodiazepines (for example, Valium®, Klonopin®, or Xanax®), can be dangerous. I also recognize that several deaths have occurred among persons mixing buprenorphine and benzodiazepines (especially if taken outside the care of a physician, using routes of administration other than sublingual or in higher than recommended therapeutic doses).
11. I agree to read the Medication Guide and consult my doctor should I have any questions or experience any adverse events.
12. I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.
13. I understand that medication alone is not sufficient treatment for my condition, and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan.
14. I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive substance (except nicotine).
15. I agree to provide random urine samples and understand that refusal to provide random sample may be grounds for discontinuation of controlled substances and my discharge.
16. I understand that violations of the above may be grounds for termination of treatment and my discharge.

Signed:

Date:

Physician

Date:

Based on T.V. Parran MD, Prescribing narcotic medications.

Patient Name:

INS:

D.O.B:

Date:

PATIENT ACKNOWLEDGEMENT

HIPAA NOTICE OR PRIVACY PRACTICES

INSTRUCTIONS each time patient is registered for health care services, they are to be provided a copy of our HIPAA NOTICE OF PRIVACY PRACTICES (notice) of Comprehensive Pain Management Institute, LLC, even if they have previously been our patient. The patient is to complete this form to acknowledge his or her receipt of the notice at registration. This copy of the acknowledgement is to be filled in the patient chart.

I acknowledge that my rights under the Notice were explained to me in detail and all my questions were answered. I understand that CPMI will send or fax patient records after hand delivery (confirmed by patient signature) or mail via certified mail the written record release authorization form only. CPMI does not accept faxes or regular mail requests. When applicable, CPMI may charge a onetime fee for copying the records. CPMI will fax or mail the records within thirty (30) days (unless agreed otherwise) after receipt of the fee.

I understand that I am to complete this PATIENT ACKNOWLEDGEMENT FORM of the HIPAA NOTICE OF PRIVACY PRACTICES as confirmation that I had read and understand the entire Notice, on each new visit, even if the Notice was offered to me and reviewed during my previous visits. By signing the PATIENT ACKNOWLEDGEMENT FORM of the HIPAA NOTICE OF PRIVACY PRACTICES I confirm that was notified and gave my authorization for the use of e-mail for protected health care information related to my care, monitoring of compliance or any other reason indicated in the patient contract and or consent for treatment without restriction as per CPMI policy.

Female patients: CMPI female chaperone policy of having a female chaperone for all procedures was explained to me to my satisfaction. I was offered to request a female chaperone for this and any other encounter.

I have read the conditions and terms stated above and have had all of my questions regarding these conditions and terms explained to my satisfaction. I have met the conditions, and I agree to honor all of the terms unconditionally.

Patient Signature: _____ Date: _____

Patient Name (printed): _____

For Company Use Only

Reason for refusal by patient to sign: _____

Employee signature: _____ Date: _____

Patient Name:

INS:

D.O.B:

Date:

Waiting Time Policy Sheet.

Dear Patient,

We work on decreasing our waiting time. I would like to share some causes for the waiting time and what you can do to help us to decrease it.

1. Pain Management is associated with extensive paperwork and testing, including psychological (SOAPP), functional, diagnostic (including NCV/EMG when indicated) and urine screen testing and others. Please be cooperative with the staff instruction. Please do not hesitate to ask for help, rather than waiting when you have difficulty with completing the testing. If you asked for a urine sample, please provide the sample promptly rather than waiting for the check out time.
2. We need to obtain a thorough medical history and have current medical records. Obtaining pertinent records (including imaging studies reports) that we request rather than relying on our staff to obtaining these records while you are waiting in the office can decrease your waiting time.
3. Some patient will require procedures as part of the treatment plan. We encourage patients to schedule a separate "procedure only appointment". Unfortunately, it's not possible for many patients with limited transportation or availability options. Having procedure evaluation and the actual procedure on the same day as the prescription follow up can increase your waiting time.
4. Please be direct about your history and compliance with the patient contract. Calling pharmacies, hospitals and other agencies for verification can increase your waiting time and the waiting time of other patients.
5. Please make sure you schedule your appointment in advance rather than walking in without prior notice.
6. Please let the front desk staff know if you were not approached by the staff within 1h after filling out of your paperwork, if you are diabetic or have other chronic medical conditions.
7. **Please do not leave the office without authorization of the staff** (if you do so you will be put in the back of the line again). Please do **not** discuss you medications and medical conditions with the staff or other patients outside the examination or procedure rooms as per HIPAA law.

Thank you for your cooperation,

Leon Margolin MD, PhD

I have read the conditions and terms stated above and have had all of my questions regarding these conditions and terms explained to my satisfaction. I agree that if I am unable to read or write that this has been verbally explained to me to my satisfaction. If I do have problems, I will hand deliver in writing to the front desk staff before my check out from the office.

Patient Signature: _____ Date: _____

Patient Name:

INS:

D.O.B:

Date:

Comprehensive Pain Management Institute, LLC

Leon Margolin, MD, PhD

Physical Therapy/ Home Health Referral Form

Patient's Name: _____ DOB: _____

I confirm that I was given a choice where I may go to my Physical Therapy. Dr. Margolin and staff explained that physical therapy is a conservative non invasive alternative to medications and procedures. I was offered assistance in referral to physical therapy and other non invasive treatments.

I chose the following option:

- 1. Central Ohio Home Health Agency (174 E Long St, Columbus OH)
Phone: 614-645-7250
Fax: 614-645-3884
- 3. Novacare 720 Broad St, Columbus; Phone: 614-224-1090 (please check other locations)
- 4. Arlington Home Care (2120 Tremont Ctr. Columbus OH 43221)
Phone: 614-481-8888
Fax: 614-481-5466
- 5. Other as discusses with Dr. Margolin or Staff.

Print Patient's Name: _____

Patient's Signature _____

Date _____

Patient Name:

INS:

D.O.B:

Date:

Please Note

Drug Testing Policy.

If you are being evaluated for controlled medications to manage the pain you are asking us to treat, we will continue doing **compliance checks** (drug, oral fluid or blood screens) randomly or as indicated. Every person who is evaluated for controlled medications from our office will need to undergo this testing on a random basis. No exceptions are allowed per the guidelines.

The testing is done in the office and confirmed by an outside laboratory using an extremely reliable method. If the test results show any unusual results (examples: prescribed medications not present as expected, or other non-reported controlled medications or chemicals are present), we will not be able to prescribe any controlled medications to you and might remove ourselves from your care.

If you cannot or will not give us a sample for testing within a reasonable period of time on the day we request the sample, we will not be able to prescribe any medications and will not be able to participate in your care any longer.

Patient Signature: _____

Date: ____/____/20____

Patient Name:

INS:

D.O.B:

Date:

Drugs of Abuse Education Material

Please review information of some examples of the drugs of abuse. Use of these or any other drugs of abuse may lead to your discharge from practice and referral to the Addiction Medicine evaluation (based on DOT material):

Cocaine

This drug is commonly found in the form of a white powder, but many times mixed with other similar looking powder such as baking soda or baby powder to create artificial filler. Cocaine is a processed drug that is made from the leaves of the coca plant. Some enjoy a lighter effect of cocaine by chewing the raw coca leaf.

As a stimulant, cocaine is popular among people who need to stay up for a long time such as an overnight work shift or all night parties. It is also an appetite suppressant that can cause dangerous and rapid weight loss.

The United States government recognizes cocaine as a schedule 2 drug with high potential for abuse but less abuse potential than Schedule I drugs. They are likely to lead to severe psychological or physical dependence and are considered dangerous..

Amphetamine

Amphetamines are usually found in pills and crushed by the user for snorting. Like cocaine, amphetamine is susceptible to artificial fillers to add weight to the drug. Amphetamine is a laboratory drug commonly found in ADHD and ADD treatment drugs such as Adderall and Ritalin.

Like cocaine, amphetamine is also a stimulant and appetite suppressant, but to a lesser extent. Instead of the energy rush of cocaine, amphetamines simply allow the user to stay awake, alert, and focused. It is a dangerous, but popular “study drug” commonly found among high school and college students.

It is considered a schedule 2 drug with high potential for abuse and potential for psychological or physical dependence. Although illegal recreationally, it is available by prescription.

Methamphetamine (part of Amphetamines)

Methamphetamine is a form of amphetamine with a similar chemical base, most commonly known as its nickname, “meth”. Meth is found as a powder or in a crystallized form. Since most meth is made by illicit home laboratories, it is hard to establish a standard of composition or strength.

The user of meth experiences a sudden rush of euphoria and increased energy and focus. After the initial effects subside, the user now requires a larger amount to regain the same high. This dangerous addiction creates a strong and violent dependence. Over time, meth destroys dopamine receptors, making it impossible to feel pleasure.

Due to the dangerous effects and habit of meth, it is considered a schedule 2 drug along with cocaine and amphetamine. It is illegal, and a top target for law enforcement agents, and usually tested in a 5 panel drug test. There are medicinal uses for meth with a prescription, but these are rare and tightly regulated.

Non Prescribed Opiates

Opiates are processed from the opium poppy plant usually found in South-East Asia. The opiate base is used to create illicit drug such as heroin, as well as medicinal painkillers such as morphine.

Patient Signature _____

Date _____

Patient Name:

INS:

D.O.B:

Date:

Opiates are a misused as relaxers that increase euphoria in the user. Illegal versions of opiates such as heroin and opium can be smoked, snorted, or injected. Like meth, addiction to opiates is very strong, and can consumes one's life. When injected, the sharable diseases transmitted introduce a new risk to using the drug.

Since there are legitimate uses for opiates in the medical field, different versions of it are scheduled differently by the Department of Drug Enforcement (DEA).

THC/Marijuana

THC is naturally found exclusively in the marijuana plant and in a synthetic form as Marinol. Marijuana is found either in dried flower buds, processed into hash, or found is baked foods such as brownies and cookies. Users either smoke the dried buds and hash, or eat the edible baked goods.

Users of marijuana mostly smoke it to achieve a feeling of relaxation and euphoria, but anxiety and paranoia is possible. Although marijuana does not have a strong dependence factor, prolonged use can result in a variety of negative cognitive effects relating to space and time perceptions as well as a lack of motivation.

The Federal government recognizes marijuana as a schedule 1 drug with no medicinal uses, although many US states, including Ohio, may recognize medical uses and allow legal prescription of marijuana.

Phencyclidine

Phencyclidine is a synthetic chemical generally made in illegal laboratories or stolen from veterinary sources. It can be found either in a powder form or in a clear, yellowish liquid. Users can smoke, inject, snort, or take in the drug in a variety of different ways.

Legitimately made as an animal tranquilizer phencyclidine, also known as PCP or angel dust, is used recreationally to induce hallucinations and dangerous 'out of body' experiences. Severe cases of PCP use are contributed to prolonged states similar to schizophrenia.

Due to medical uses, Phencyclidine is considered a Schedule 2 substance with no legal use for humans. It is considered a very dangerous substance with detrimental effects. SAMHSA reports PCP related hospital visits increased by more than 400% from 2005-2011.

These are the one of the most commonly abused and dangerous drugs. From dangerous dependency related risks to cognitive deterioration, these drugs are a risk to the user and the environment.

Patient Signature _____

Date _____

Patient Name:

INS:

D.O.B:

Date:

Home Narcotic Medication Monitoring, Storage and Disposal Policy

Most people who abuse prescription drugs get them from friends and family. You can play a big role in keeping powerful medicines out of the hands of those shouldn't have them.

Make sure the people in your life don't have access to your medicine by following these steps.

Step 1: Monitor

Start by taking note of how many pills are in each of your prescription bottles or pill packets.

Keep track of your refills. This goes for your own medicine, as well as for other members of the household. If you find you need to refill your medicine more often than expected, that could indicate a problem.

If your teen has been prescribed a medicine, be sure you control the medicine, and monitor dosages and refills. You need to be especially vigilant with medicine that are known to be addictive and commonly abused by teens.

Make sure your friends and relatives — especially grandparents — are also aware of the risks. Encourage them to regularly monitor their own medicines.

If there are other households your teen has access to, talk to those families as well about the importance of monitoring and safeguarding their medications.

Step 2: Secure

Approach securing your prescriptions the same way you would other valuables in your home, like jewelry or cash. There's no shame in helping protect those items and the same holds true for your medicine.

Take prescription medicine out of the medicine cabinet and secure them in a place only you know about.

If possible, keep all medicines, both prescription and over-the-counter, in a safe place, such as a locked cabinet.

Tell relatives, especially grandparents, to lock their medicine or keep them in a safe place.

Talk to the parents of your teenager's friends. Encourage them to secure their prescriptions as well.

Step 3: Dispose : We prefer that you dispose the unused medication at a designated facility and bring the office the proper documentation. If this is not possible, please bring the unused medications to the office (second preference). Consider home disposal only if this is not possible. Please always bring unused medications to the office.

1. Unless the directions on the packaging say otherwise, do not flush medicine down the drain or toilet.
2. An alternative to flushing is to mix the medicine with kitty litter, coffee grounds, or another unpleasant substance. DON'T crush tablets or capsules.
3. Put this mixture in a sealed plastic bag and throw it in your household trash.
4. To protect your privacy and to prevent unauthorized refills, remove all information off the prescription labels of empty pill bottles.

I confirm that this policy was explained to me and I was offered a paper copy to review at home.

Patient Signature _____