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Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **Controlled Substance Informed Consent and Agreement for Treatment of Non-Malignant Pain and/or Other Conditions with Grand Traverse Internal and Family Medicine, PC (GTI)**

Controlled substance medications are types of medications (e.g. Norco, Vicodin, Percocet, Ultram, Xanax, Ativan, Adderall, Ritalin) that have the potential for addiction/abuse when not taken properly and are monitored by state and federal agencies. When other treatments have not been effective, controlled substance medications are considered. With proper monitoring, these medications can be safely used to better control your symptoms and improve your ability to do your daily activities. All medications have possible side effects.

**The potential side effects of controlled substance medications may include but are not limited to the following:**

- Constipation
- Increased drowsiness or sleepiness
- Increased agitation
- Confusion or difficulty thinking
- Balance/coordination problems (making it difficult to operate motor vehicles or heavy equipment)
- Respiratory depression (breathing too slowly)
- Decreased appetite
- Tolerance – you need more of the medication to get the same effect
- Physical dependence – abrupt stopping of the medication can trigger “withdrawal” syndrome
- Psychological dependence – stopping the medication could cause you to miss/crave it
- Overuse/toxicity – slurred speech, passing out, death

**To be prescribed a controlled substance medication chronically, you must agree with the following statements (please check each box to indicate your agreement):**

- I do not have/have not had a problem with substance abuse or dependence
- I am not involved in the sale, illegal possession, diversion, or transport of controlled substances. I will agree to participate in a program for chemical dependency should a problem be identified.
- I understand that if I am receiving controlled medications from GTI, it is expected that I will not *ask for or accept* controlled medication prescriptions from other sources (other providers, ER, urgent care). Acute conditions may occur which require additional short-term needs for pain control, i.e. dental work, surgery and trauma. If this happens, it is acceptable to receive additional controlled medications from the provider caring for me at that time. I must inform my primary care physician of this situation.
- I will not take my medications other than as prescribed without first discussing it with my physician.
- I understand that it is a federal crime to alter a prescription in any way.



**Grand Traverse Internal  
and Family Medicine, P.C.**

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- I am responsible for my prescription and for my medications. GTI will not replace lost, stolen, destroyed or damaged prescriptions or medication.
- I will not allow other individuals to take my medications and agree to store it in a way that others do not have access to it (e.g. safe or lock box).
- I will obtain all other prescriptions for pain medications from my primary care physician (analgesics, antidepressants, etc.).
- I will keep all of my scheduled appointments at GTI.
- Depending on my particular medication, I will be required to have an office visits every 2-6 months for medication monitoring. Cancelled appointments will not be rescheduled in “emergency or urgent” manner because “I will be out of medication tomorrow”.
- I will actively participate in additional pain therapies as requested by my physician.
- If I am a female of childbearing age, I will inform my physician if I may be pregnant.
- I will not operate a vehicle or other dangerous equipment if I experience sedation, dizziness or other side effects that impair my ability to function.
- I agree to abstain from alcohol, street drugs (marijuana, cocaine, heroin, etc.) and any medication prescribed to someone else.
- I agree to random and periodic urine and/or blood tests for any medications and drugs. These tests may or may not be covered by my insurance company. If my drug screen is positive for drugs or medications not prescribed by GTI or if it is negative for the medication I am prescribed, treatment with the controlled medication will be immediately discontinued.
- I authorize release of my information to and from GTI and any other physicians, pharmacists, or other medical providers regarding my health care and medication use.
- I will only use one pharmacy for filling controlled medications from GTI  
Pharmacy name and location: \_\_\_\_\_
- Refills of medication will only be made during regular office hours – Monday through Friday, 8AM-4:30PM. Refills will not be made at night, on weekends, holidays, or by the on-call physician. This requires that I plan ahead and call at least 2 working days ahead of when I need my prescription to be filled.**

**I understand that if I do not follow these guidelines I may be discharged from the practice of GTI without any warnings and my medications will be stopped without warning.**

I have read this document and understand it. The staff has answered all of my questions. I consent to the use of controlled medications to help my condition and I understand that my treatment will be carried on in accordance with the conditions stated above. I understand that if I do not follow the conditions of this agreement, I will be discharged from the practice of GTI and can endanger my health as well as my life.

Patient Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Copy of agreement given to pt: \_\_\_\_\_