



**JGC Consultations, LLC
Justin Capote MD**

Adult & Consultation-Liaison Psychiatry

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CONTROLLED SUBSTANCE AGREEMENT

In the event that my treatment requires the use of controlled substance(s), I adhere to the following: 1.) I am reading and making this agreement while in full possession of my faculties and not under the influence of any substances that might impair my judgment. 2.) I will not obtain any controlled medication from another medical provider without informing this practice of the circumstances involved. This includes pain pills, muscle relaxers, anti-anxiety, or stimulant medications. 3.) I will notify my medical provider of any new health concerns I have even if not obviously related to my treatment. 4.) I will not be involved in the sale, transport, or sharing of any controlled substance or medication. 5.) I will safeguard my medication from loss or theft. I will carry only the amount of medication I need, in the prescription bottle, for the time away from home, leaving the rest in a safe place. 6.) I will not take larger or more frequent doses than what is written on the prescription bottle. 7.) I will not ask for early refills. 9.) If I am female, I understand that if I become pregnant, or if I suspect that I am pregnant, I will notify my provider immediately. 10.) I understand that my provider regularly checks the prescription monitoring program and evidence of obtaining controlled substances from another provider or pharmacy may result in termination of my treatment with JGC Consultations. I have read this document and agree to the guidelines. If I had any difficulty understanding the content, I have asked for clarification. If my prescription(s) is/are not helping to improve my daily life, I will report this to my provider. I understand that if this agreement is not followed, JGC Consultations may choose to terminate my treatment.

Printed name of legally responsible party

Signature of legally responsible party

Date



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Stimulant Patient Information and Agreement Form

Stimulant medications are most often prescribed for attention deficit/hyperactivity disorder but may also be used for daytime somnolence, cognitive enhancement after a traumatic brain injury, or as a short term adjunct to antidepressant therapy. There are generally three types of stimulant medications available, methylphenidate products (e.g. Ritalin), mixed amphetamine salt products (e.g. Adderall), and dextroamphetamine products. Some of the brand names of these products include Ritalin, Concerta, Focalin, Adderall, Dexedrine, and Vyvanse. All stimulants have the same potential side effects. The two most common side effects are decreased appetite and insomnia. Stimulants may also cause stomach aches and headaches. In some cases, motor or vocal tics can occur when you take a stimulant. If you have tics before you start stimulant medication, your tics may worsen. Tics related to stimulant medication will generally resolve or return to their baseline after the stimulant is stopped. Stimulants can also increase blood pressure and heart rate by a small amount, although this is very rarely clinically significant. Stimulants have the potential for abuse, addiction, and withdrawal and are not to be taken daily or for extended periods of time. Stimulant medication does not replace non-pharmacologic interventions such as organization, exercise, and sleep hygiene. Behavioral changes are an integral part of treatment success. Stimulants are highly controlled by the FDA and are carefully monitored. For these reasons, lost or stolen prescriptions may not be refilled or replaced. By signing this form you acknowledge the above and consent to the terms of treatment.

Printed name of legally responsible party

Signature of legally responsible party

Date