

Patient Name:	DOB:
Controlled Substance:	Dosage:
Quantity:	Refills :

A controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse. My provider shared the following:

- The risks of substance use disorder and overdose associated with the controlled substance containing an opioid.
- Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance.
- Mixing opioids with benzodiazepines, alcohol, muscle relaxers, or any other drug that may depress the central nervous system can cause serious health risks, including death or disability.
- For a female who is pregnant or is of reproductive age, the heightened risk of short and long-term effects of opioids, including but not limited to neonatal abstinence syndrome.
- Any other information necessary for patients to use the drug safely and effectively as found in the patient counseling information section of the labeling for the controlled substance.
- Safe disposal of opioids has shown to reduce injury and death in family members. Proper disposal of expired, unused or unwanted controlled substances may be done through community take-back programs, local pharmacies, or local law enforcement agencies. Information on where to return your prescription drugs can be found at www.wmtakebackmeds.org or www.michigan.gov/deqdrugdisposal
- It is a felony to illegally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care prescriber.

By signing this, I acknowledge the potential benefits and risks of an opioid medication as prescribed by my provider along with the responsibility of properly managing my medication as stated above. Additionally, I was given supplemental education, including side effects, overdose and addiction information when I signed my pain management agreement with Grand Rapids Pain Institute.

Patient Signature:	Date:
Printed Name:	

Prescription picked up at: Prescription window Consult Appointment Procedure Appointment

PMA in chart on _____ MAPS in chart

Consult Requirements Met Pain Management Education Given

Patient Name:	DOB:
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Opioid Refill Questionnaire

The items on this list are required by the State of Michigan prior to opioid prescription refills starting June 1, 2018.

Other than the opioid prescription you are receiving today:

- | | | |
|--|-----|----|
| Are you prescribed or taking any other opioids? | YES | NO |
| Are you prescribed or taking any Benzodiazepine(s)(Xanax, Valium, Ativan, etc.)? YES | | NO |
| Any changes to your alcohol consumption OR overuse of Alcohol? | YES | NO |
| Any changes to your marijuana use or consumption OR overuse of marijuana? | YES | NO |
| Are you prescribed or taking any Central Nervous System
Depressant(s) (Ambien, Benadryl, Lunesta, phenobarbital, etc.)? | YES | NO |
| Are you prescribed or taking any other controlled substance(s)
(Gabapentin, Lyrica, Adderall, etc.)? | YES | NO |

If you answered yes to any of the above questions, please explain:

Patient Signature:	Date:
Patient Printed Name:	

Witness Signature:	Date:
Witness Printed Name:	

Prescription picked up at: Prescription window Consult Appointment Procedure Appointment

PMA in chart on _____ MAPS in chart

Consult Requirements Met Pain Management Education Given