



Nova Wellness Center

CLINIC & MEDSPA

119 W Parkwood Ave, Friendswood, TX 77546
Phone: (281)542-7800; Fax: (281)5542-7731

Patient Agreement for Stimulant Medication Use

Patient

Name: _____ DOB: _____ Date: _____

I understand that I have been prescribed a stimulant medication for treatment of attention deficit/hyperactivity disorder (ADD/ADHD). I understand the goals of treatment are to improve my ability to function. I understand that evidence of improved functioning is a requirement of continued treatment. I acknowledge that these medications are controlled substances and are tightly regulated by state and federal law because of a high risk for abuse.

I understand that any violation of this agreement may pose a health risk to myself and others. I understand that by signing this agreement I must abide by the agreement rules and that failure to abide by these rules will result in the termination of stimulant medication prescription privileges and possibly the termination of services from my physician.

Agreement Rules:

1. I agree I will take the medication as prescribed by Dr. Sachdev according to the agreed upon schedule and instructions.
2. I agree not to increase the dose of the medication on my own and I understand that doing so may lead to terminating this agreement.
3. I agree I will not seek, accept from others, or use medications for ADD/ADHD other than those prescribed by Dr. Sachdev. This includes medications or drugs I might get from any other healthcare providers, medications I might borrow or accept from family or friends, or use of illicit drugs (street drugs or recreational drugs).
4. I agree to communicate fully and on a timely basis with Dr. Sachdev about the intensity of my symptoms, their effects on my daily life, the effectiveness of the medication in relieving my symptoms, and any significant side effects that may occur.
5. I agree to fill my prescriptions only at the pharmacy that I have designated in my chart. If I need to change pharmacies, I agree to contact Dr. Sachdev's office and provide them with the name, address and telephone number of the new pharmacy. I agree that under no circumstances will I obtain medications from more than one pharmacy at a time.
6. **I agree to discontinue my medication immediately and notify my Provider if I become pregnant.**



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7. I agree that if I do not keep my appointments, Dr. Sachdev may not be able to provide me with new prescriptions. Appointment cancellations or no-show appointments may be grounds for termination of the physician-patient relationship.
8. I agree to cooperate with **random drug testing** at any time that I am under Dr. Sachdev's care. I understand that if my drug test result does not reflect that I am taking my medications as prescribed, or I refuse to cooperate, my medication may be stopped and this Agreement terminated.
9. **I agree it is my responsibility to protect and secure my medications.** This includes keeping the medication out of the reach of children and taking precautions to prevent theft or loss of my medication.
10. **I understand that Dr. Sachdev and my pharmacy will cooperate fully with any city, state, or federal law enforcement or regulatory agency in the event of any possible misuse, sale, or other diversion of my medication or alteration of my prescription.**
11. I understand that lost or stolen medications will be refilled only under special circumstances. **A copy of a police report will be required if my medication is stolen.** I understand that Dr. Sachdev and my pharmacy will be unable to issue replacement medication without a valid police report on file for the incident. I understand that the presentation of multiple police reports over a short period of time indicates that I am not properly safeguarding my medications and may result in termination of this Agreement.
12. I understand that Dr. Sachdev is under no obligation to provide these medications to me, and that she reserves the right to discontinue these medications at any time.
13. I understand that Dr. Sachdev may require a specialist to evaluate my treatment or any co-morbid medical conditions that may affect my ability to safely take stimulant medications. I agree to schedule and keep appointments with a specialist as instructed by Dr. Sachdev. I understand that Dr. Sachdev will provide my specialist with any pertinent medical information that she deems appropriate for my evaluation. I authorize Dr. Sachdev and my specialist to communicate freely regarding my evaluation and care.
14. I understand that I will be required to show valid photo identification when picking up prescriptions for these stimulant medications from my pharmacy. The only forms of acceptable photo identification are a driver's license, a military ID, or a passport.
15. I understand that it is a **Felony Criminal Offense and a violation of this Agreement** to obtain stimulant medications by fraudulent means or to possess stimulant medications without a legitimate prescription.



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- 16. I understand that it is a **Felony Criminal Offense and a violation of this Agreement** to alter prescriptions for stimulant medications.
- 17. I understand that it is a **Felony Criminal Offense and a violation of this Agreement** to give or sell stimulant medications to others.

I understand that this Agreement may be **terminated** for any of the following reasons:

- 1. I am unable to follow up with Dr. Sachdev or her physician’s assistant at least every six months to monitor my condition.
- 2. If I seek to obtain any stimulant medication from a source other than Dr. Sachdev.
- 3. If I give, sell or in any way distribute prescribed medications to any other person(s).
- 4. If I am abusive, violent, or otherwise threatening towards any of Nova Wellness Center’s employees, patients or visitors.
- 5. If I do not tell the truth about whether or not I have taken my medication(s).
- 6. If I attempt to forge or alter a prescription.
- 7. If my medical condition declines to a point at which, in the judgment of Dr. Sachdev, continued therapy with this medication presents a danger to my well-being or safety.
- 8. If there is evidence that I am no longer receiving a reasonable therapeutic benefit from the medication, or Dr. Sachdev determines I am no longer a good candidate to continue the medication.

I authorize Dr. Sachdev to share this information with pharmacists, other Providers, local medical facilities, the Texas Board of Pharmacy, the Texas Department of Public Safety (DPS), the Drug Enforcement Agency (DEA), the Texas State Board of Medical Examiners (TSBME) as she deems necessary.

I understand that Dr. Sachdev or her staff will not be able to communicate information about my medical care to any persons other than those listed in the Agreement unless they receive my written permission. If it is not possible to obtain my written authorization, verbal authorization will be accepted and documented in my medical chart after confirming my identity and documenting the reasons for the authorization.

Patient/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship to patient: _____



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Informed Consent for Use of Stimulant Medication

Patient

Name: _____ DOB: _____ Date: _____

POTENTIAL BENEFITS OF STIMULANT MEDICATION:

Stimulant medications may be helpful in reducing symptoms of attention deficit hyperactivity disorder and difficult to treat depression. Stimulant medication may be used only for school or work days with attention deficit disorder, or can be used every day for more severe hyperactivity and/or impulsive behavior. The FDA has approved stimulant medications for use with children and adults.

COMMON SIDE EFFECTS OF STIMULANT MEDICATIONS:

The most common side effect is decreased appetite. Less common ones: stomach ache, nausea, headache, delay in falling asleep, irritability, decrease or increase in mental energy or concentration, behavior changes and mood changes. **Many of these side effects are temporary and can be managed by adjusting the dose.** On rare occasions stimulants may trigger or worsen tics-fortunately they usually disappear when the medication is discontinued. Concern about delayed growth has been raised but studies into adult life show no significant growth delay. Dr. Sachdev monitors height and weight and records these on a pediatric growth chart for patients under the age of 18 years. Deviations from the growth chart will be discussed with parents should this occur.

SERIOUS ADVERSE EFFECTS OF STIMULANT MEDICATIONS:

There is a low possibility for the following adverse effects (this is an incomplete list): Agitation, confusion, hallucinations, delusions, seizures, high blood pressure, heart rhythm problems. In some patients who have bipolar disorder (extremely high mood swings of euphoria and depression), stimulant medications may cause mania (high or irritated mood with psychosis) if given without a mood stabilizing medication. Stimulant medications may worsen psychosis in those with Schizophrenia and other psychotic disorders. Stimulant medication may worsen neuro-muscular tics (muscle jerks), and stimulant medications should not be used in those who have Tourette's syndrome.



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Some studies show that stimulants might increase the risk of irregular heart rate, increased blood pressure and possibly sudden death. These events are extremely rare [less than one in a million in the case of sudden death]. **If you or your child has a heart condition or a serious heart condition exists in a close family member, please inform Dr. Sachdev prior to starting the medication.**

When used in amounts above that which is prescribed, **addiction can occur.**

Stimulant medications have not been tested for safety in pregnancy and therefore should not be used.

ALTERNATIVES TO USE STIMULANT MEDICATIONS:

Special education learning strategies or some antidepressant medications can be helpful with attention deficit hyperactivity disorder. Psychotherapy may be used alone for depression. There are some non-stimulant medications that are FDA approved to treat ADHD, these may be discussed with Dr. Sachdev during an appointment.

OTHER ISSUES TO BE AWARE OF:

Prescriptions for stimulant or amphetamine medications cannot be refilled. A new prescription must be handwritten or sent electronically by the physician to the pharmacy before additional medication can be dispensed. Stimulants and amphetamines are tightly regulated as schedule CII controlled substances by the Drug Enforcement Agency. Patients who are prescribed CII medications must receive ongoing and consistent evaluation and management by their physician.

GENERAL WARNINGS:

State law prohibits the use of prescription medication without ongoing physician supervision.

State law prohibits the use of prescription medication in those for whom it has not been specifically prescribed.

Failure to take medication as prescribed may result in a resumption of the symptoms for which this medication was prescribed. However, if this medication is found to cause severe adverse effects, it would be better to discontinue the medication and seek medical attention as soon as



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possible. Any medication can cause an allergic reaction, which may show any of these symptoms: rash on the chest, abdomen and back; difficulty breathing; choking.

This medication can cause serious harm, permanent injury or death if not taken as prescribed or if taken in an overdose.

This medication must be kept in a secured location so that other persons or pets do not have access to it.

To avoid problems of medication interactions, check with the pharmacist or the physician prescribing additional medication.

Notify physician prescribing the medication if you become pregnant or are sexually active without birth control.

These medications can cause sensitivity to sunlight; use a sun-blocking lotion when out in the sun for over 30 minutes.

I HAVE READ THIS DOCUMENT AND HAVE HAD ALL OF MY QUESTIONS ANSWERED TO MY SATISFACTION. I CONSENT TO THE USE OF STIMULANT MEDICATIONS FOR THE TREATMENT OF MY ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADD/ADHD).

Patient/Guardian Signature: _____ Date: _____

Printed Name: _____

Relationship to the patient: _____

NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation. Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353. For more information please visit www.tmb.state.tx.us