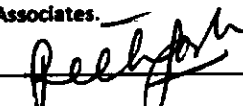


**Advanced Rheumatology Associates  
Controlled Substance/Opiate/DMARDS/Biologics Checklist**

Controlled substance medications (i.e., opiates) are intended to reduce pain and improve function but they have a high potential for misuse. DMARDS or Biologics are medications given for the treatment of auto-immune conditions. The purpose of the checklist is to prevent any misunderstandings about these medications and to help me and my doctor to comply with the law regarding controlled substances as well as other medications. I must agree to the following conditions to receive my medication(s) for my own safety and health.

1. I understand that Dr Joshi and her practice does not prescribe or refill any narcotics/scheduled medications/sedatives/anesthesia or anxiety related medications., however, we need to be aware of those medications by other providers to ensure your safety and your health. She does prescribe medications to reduce inflammatory conditions which REQUIRE periodic safety lab tests to be done before refills can be given. I understand that refills will be denied if labs are not done in a timely manner.
2. I agree to notify prescribing physicians if additional pain medications are needed for elective surgeries, dental procedures or for other new conditions.
3. If my prescription is lost, misplaced, spilled, stolen, or if I "run out early," it will not be replaced. I am responsible for taking the medication in the dose prescribed and for keeping track of the amount remaining. Refills will only be done during the hours of 8am- 4 pm Monday –Thursday. NO Refills will be done at night, on weekends, or during holidays. I will call at least Forty-Eight (48) hours in advance of needing my refills.
4. At any time, my doctor may refer me to a specialist for more tests while I am receiving opiate narcotics. If I do not follow through with these orders, my medications may be discontinued or may not be refilled beyond a tapering dose to completion. If the specialist feels that I am at risk of addiction, my medications may no longer be refilled. I will not share, self-medicate, sell or trade my medication with ANYONE. I will not use illegal drugs. I am responsible for my controlled substances.
5. I understand that driving a car or participating in any activity that can cause harm to myself or others is not to be allowed while taking opiate narcotics or any other medication. It is my responsibility to notify my doctor.
6. The main goal is to reduce pain and improve function. Since these medications are being given to help me reach this goal, I agree to help myself by exercising, controlling my weight, avoiding tobacco and alcohol. I must comply with the treatment plan as prescribed by my physician. I understand that a successful outcome to this treatment will be achieved by following a healthy lifestyle.
7. I understand that there may be unknown risks and the long-term advantages and disadvantages of chronic opiate use that have yet to be scientifically determined. My physician will advise me of any advances in this field and will make treatment changes as needed. My treatment may change at any time. If pain medications are changed, then the unused old medications need to be returned to be inventoried and destroyed. Opiates can cause psychological addiction. An addiction means that I am taking these medications for other purposes other than pain control. I will notify my doctor if this should occur.
8. Common side effects include constipation, sedation, rashes, confusion, nausea, vomiting, dizziness, lightheadedness, mood changes, urinary retention, spasms, itching and others. I agree to comply with a random urine or blood test if ordered by our office. Medications for the treatment of inflammatory arthritis while life saving can create certain severe life-threatening issues with liver, kidneys, blood counts or immune systems, that is why it is my responsibility to obtain safety labs in a timely fashion as requested by this office.
9. I understand that some individuals may develop a tolerance to the medications, necessitating a dose increase to achieve the desired effect, and that there is a risk of becoming physically dependent on these medications. Dependence will occur if I take these medications for several weeks and is characterized by the occurrence of a withdrawal syndrome if the drug is withdrawn or decreased abruptly. Therefore, if those medications are stopped it will be done slowly and under medical supervision to minimize the withdrawal symptoms. Despite this tapered dose, withdrawal symptoms may still occur.
10. My Local/Retail pharmacy is \_\_\_\_\_ . My Specialty /Mail order pharmacy is \_\_\_\_\_ .

I have read these guidelines and have had my questions answered. If the agreement is violated, the doctor will stop prescribing medicines and discharge me from the office of Advanced Rheumatology Associates.

					
Patient Signature	Date	ARA Employee Signature	Date	Physician Signature	Date