

Stimulant Medication Agreement

Legal Name (First name, middle initial and last name)	Date of Birth	Today's Date
	<small>MONTH DAY YEAR</small>	<small>MONTH DAY YEAR</small>

Prescription stimulant medications (eg, Adderall, Vyvanse, Ritalin, Concerta, etc.) are frequently prescribed to treat Attention Deficit Hyperactivity Disorder (ADHD). For many patients, they are highly effective; however, they are not without risks, including misuse, abuse and dependence. On college campuses, diversion (selling, giving away, or stealing) of these medications is common, particularly at exam time. Some students believe stimulants can improve their grades even if they do not have ADHD, but research does not support this idea. Unfortunately, this belief can lead to inappropriate, even dangerous use of the medication by someone to whom it has not been prescribed. **Patients must read, initial and sign the policy statement in order to receive stimulant prescriptions from the Health Center at Auraria.**

___ The goal of using a stimulant is to treat or manage my condition and increase my functional level. If my medication(s) does not decrease my symptoms and/or increase my functional level, then my medication(s) can be stopped.

___ I am aware that the use of such medicine has certain risks associated with it, including, but not limited to: nervousness / restlessness, headache, reduced appetite, nausea, elevated heart rate and/or blood pressure, insomnia, agitation or aggression, dry mouth, problems with circulation, sexual side effects, misuse, abuse, physical dependence / addiction, withdrawal (symptoms of which can include fatigue and mental foginess), and in rare cases mania, psychosis, seizure, stroke, heart attack, or sudden death. There can also be a possibility that the medicine will not provide complete relief of my symptoms.

___ Patients agree to complete random urine drug monitoring intermittently during treatment at the prescriber's request. If a patient tests positive for other drugs or, in some cases, negative for the prescribed medication, there will be a discussion about whether the stimulant will still be prescribed—this decision is ultimately up to the prescriber based on considerations for the patient's safety and the most appropriate treatment.

___ I will take the stimulant(s) **only as prescribed**. Any changes must first be discussed and agreed upon with my health care provider. The overuse of stimulant/s can result in serious health risks including (but not limited to) heart attack, stroke, seizure, or even death.

___ Medications **will not** be replaced if they are lost, get wet, are destroyed, left on an airplane, etc. If my medication has been stolen, and I complete a police report regarding the theft, an exception may be made. It is expected that I will take the highest possible degree of care with my medication and prescription. They should not be left where others might see or otherwise have access to them.

___ I agree that only my HCA provider will prescribe my stimulant(s). I will not obtain or use stimulant(s) from a source other than my designated provider(s) (or a provider covering in their absence). I will instruct my other providers to confer with them for any changes or need for additional stimulant medications.

___ If I accept a prescription for a stimulant from an outside provider--without discussing with my provider at HCA--while this agreement is in effect, it will be considered a breach of the agreement. The provider at HCA may respond as they feel appropriate, from ceasing to prescribe stimulant medication to me, up to discharging me from the clinic.

___ Because prescription stimulants are controlled substances, information about their prescribing is cataloged in a central pharmacy registry in the state of Colorado called the Prescription Drug Monitoring Program (PDMP). All prescribers at the Health Center at Auraria routinely review the PDMP at every visit when controlled substances are being prescribed.

___ I will inform a Health Center at Auraria provider of any changes in my medical condition, any changes in any prescription and/or over the counter medication that I take and of any adverse effects that I may experience from any of the medications that I take.

___ I will be honest in giving my full and accurate personal usage history of both prescription medications and non-prescription medications/drugs (including recreational or illicit use).

___ I will not use any illegal "street drugs" while being prescribed stimulant medication(s). I also understand that combining or mixing stimulant medication with other legal substances, including alcohol and/or marijuana, can cause interactions with the medication, can be harmful to my health (up to and including death) and can further impair my judgment.

___ I will communicate fully and honestly about the character and intensity of my symptoms, the effect of my symptoms on my daily life, and how well the medicine is helping to relieve my symptoms.

___ In order to ensure I receive appropriate care, I give permission for my HCA provider to discuss relevant details with dispensing pharmacies.

___ It is a felony to obtain stimulant medication under false pretense. This could include getting medication from more than one provider; misrepresenting myself to obtain medications; using the medications in a manner other than prescribed; or diverting the medications in any other way (eg, selling or giving to a friend or relative).

___ Patients are expected to keep regular appointments and give 24-hour notice if canceling. Visits are more frequent earlier in a treatment relationship but can decrease in frequency as efficacy and safety of treatment are established. Patients must be seen at least every 3 months, even if stable.

___ I know that stimulant medications may be discontinued if the clinic finds that I have broken any part of this agreement, including, but not limited to, the following:

- If I trade, sell, or misuse the medication
- If I do not provide a blood or urine sample when asked
- If my blood or urine test shows the presence of medications of which staff have not been made aware; the presence of illegal drugs; or does not show presence of expected, prescribed medications
- If I get stimulant medications from sources other than my designated providers and do not inform my HCA provider
- If I repeatedly reschedule, or consistently miss, scheduled appointments

Patient Signature	Date
	MONTH DAY YEAR