



To our valued patients,

As you may or may not be aware, Nevada law AB 474 is now in effect. This law governs controlled substance prescribing use, abuse, addiction, and treatment of addiction. As medical providers we have been directed, by the State of Nevada, and specifically, the Governor to adopt certain guidelines, procedures, and protocols when it comes to prescribing medications that are considered to be controlled substances; i.e. opioids. These are any drugs whose base pain relieving formula is derived from opium. Common examples include medications such as Tylenol #3, Norco, Percocet, and Dilaudid to name a few. While these medications can be very effective in both perioperative and post-operative pain control, they do have addictive and abusive potential.

The State of Nevada has challenged its medical providers to help curb the rapidly growing epidemic of opioid addiction, abuse, and overdose. At Carson Urologists, we have embraced the state's call to action and have adopted methods to both remain in compliance with the state law as well as assist in decreasing, and even eliminating, opioid abuse and addiction.

In this packet you will find an opioid risk assessment survey and an opioid prescription consent form. These forms **must** be filled out by all of our patients. **By law, we cannot see you if these are not filled out.**

We appreciate your understanding and cooperation with the new Nevada State law. We do believe, that, with your help, we can make a positive impact towards containing and, eventually eliminating, the epidemic of opioid addiction and abuse in our state.

Warm Regards,

Carson Urologists

This risk assessment tool is required by the state of Nevada for all patients that are seen in our office. We are required, by law, to administer this assessment questionnaire to every patient upon an initial visit and prior to beginning opioid therapy for pain management.

The objective of the assessment tool is to determine a patient's risk for opioid addiction and/or abuse and to use that in consideration when prescribing narcotics. **This assessment screening tool is required by law and we cannot see you unless it is filled out.**

Summary of the assessment tool:

A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

Mark each box that applies to you:

	Female	Male
<u>Family History of Substance Abuse</u>		
<u>Alcohol</u>	<u>1</u>	<u>3</u>
<u>Prescription Drugs</u>	<u>2</u>	<u>3</u>
<u>Illegal Drugs</u>	<u>4</u>	<u>4</u>
<u>Personal History of Substance Abuse</u>		
<u>Alcohol</u>	<u>3</u>	<u>3</u>
<u>Prescription Drugs</u>	<u>4</u>	<u>4</u>
<u>Illegal Drugs</u>	<u>5</u>	<u>5</u>
<u>Patient Age</u>		
<u>Age less than 16</u>	<u>0</u>	<u>0</u>
<u>Age 16-45</u>	<u>1</u>	<u>1</u>
<u>Age > 45</u>	<u>0</u>	<u>0</u>
<u>Psychological and Social History</u>		
<u>History of Sexual Abuse < 12 yo</u>	<u>3</u>	<u>0</u>
<u>ADD, OCD, Bipolar, Schizophrenia</u>	<u>2</u>	<u>2</u>
<u>Depression</u>	<u>1</u>	<u>1</u>
<u>Total Score</u>	-	-

Patient Name: _____ Date _____

Patient Signature: _____



Narcotic Prescribing Policy

Agreement for prescription request and use of controlled substances:

Part of your treatment program may involve the prescription of analgesic medications (pain medications). These medications have both beneficial effects as well as possible side effects. Analgesic medications often produce substantial relief of even the most severe pain and can improve a patient's quality of life (QOL). Side effects are usually mild and manageable but may include sedation, fatigue, euphoria, stimulation, confusion, and/or somnolence. Other side effects involve the stomach and intestines and include nausea or vomiting, constipation, dry mouth, and changes in appetite.

Although the majority of patients control their medications well and follow their provider's orders strictly, there are some patients that are prone to medication dependency or addiction. Because of this, the state and federal regulatory bodies have placed strict guidelines for controlled substances. This means that the use of these medications involves special responsibilities on the part of the *patient* and the *healthcare provider*. This is especially true when opioid medications (narcotic medications such as codeine, hydrocodone, oxycodone, propoxyphene, methadone, and morphine among others) are prescribed.

It is important that you read and understand the following policies and procedures as well as the rights and responsibilities of both the patient and providers.

1. Adhere to your provider's orders on how to take your pain medication. **Never take more than the prescribed dose without first consulting your provider.** Do not abruptly stop your pain medications since withdrawal symptoms may occur and some of these symptoms are dangerous.
2. Do not take your narcotic medications in any altered form or other than prescribed or intended. It can be life threatening to chew or crush long acting medications such as Avinza, Oxycontin, MS Contin, and Kadian.
3. When asking another provider to refill medications, you are required to inform them of the medications that you are receiving from this office.
4. If your provider agrees to prescribe medications for you, then no other provider should prescribe any medication with pain relieving or sedative properties without the provider's knowledge and permission.
5. No emergency room visits expressly for the purpose of receiving opioid medications (including Demerol), especially by injection, will be permitted.
6. It is imperative that all requests for pain medication be submitted at least 7 days before you might run out of your medication. Certain narcotics require a hand written prescription and these will only be written when providers are not with patients. Covering or on call providers will not refill prescriptions.
7. Every time a prescription is written, we will document the medication, quantity, and expected refill date.
8. Many insurance policies restrict the type and quantity of medication prescribed. It is your responsibility to work with your insurance company for any variance beyond their policy coverage.
9. It is important to understand the side effects of all pain relieving medications such as drowsiness, poor coordination, and impaired reflexes. Therefore, it is your responsibility to exercise caution when attempting to operate a motor vehicle.

10. You must keep follow up appointments as outlined and recommended. Our practice is busy caring for patients with serious problems and the schedule is always full. It is essential to plan in advance in order to make sure that all patients are seen in a timely manner and have full opportunity to address their individual needs.
11. If you run out of medication, either because of poor planning or because of taking the medication in excess of what was prescribed, you are responsible for the consequences, including poor pain control or any withdrawal symptoms.
12. **It is a felony in the state of Nevada to obtain controlled substances from multiple providers (NRS 453.3912). We will periodically run pharmacy checks and will discontinue writing prescriptions for pain medications if you are found in violation of the law.**
13. Lost, stolen, or misplaced prescriptions or medications will not be replaced. Selling medication or sharing medication with family, friends, or any other person is illegal and will not be tolerated.
14. If we have recommended a procedure that would eliminate your pain and you choose not to proceed, your pain and the consequences associated with it are your responsibilities. **We will not continue to write prescriptions for narcotics when there is a procedure that would eliminate your pain.**
15. If you are or may become pregnant, you must inform your provider immediately. Narcotic medications can seriously and adversely affect unborn or breast-feeding children.
16. It has been explained to me that there are other treatments that do not involve use of narcotic/opioid medications. Having been informed of these risks and potential benefits both of such medications and possible alternative treatment, I have freely consented to taking the narcotic/opioid medication.

Patient Signature: _____

We expect you to take the above patient responsibilities seriously. We will attempt to care for you in the best possible manner and take that responsibility seriously as well. Failure to comply with our policies may result in immediate dismissal from our practice or termination of all or part of your medical regimen, regardless of any withdrawal effects or other consequences.

Bring all medications prescribed by this clinic in the original bottles to your appointments. If new medication is to be prescribed, the remaining tablets will need to be given to the healthcare provider.

I have read and understand all of the above policies and all of my questions have been answered. I agree to comply with all of the conditions for prescriptions of pain medication set forth by my provider(s). I understand that failure to comply may result in the termination of the prescribing of my pain medication and/or my immediate dismissal from my provider's care.

Patient Name: _____

Patient Signature: _____

Date of Birth: _____

Date: _____