

Policy and informed consent for medications:

Medications prescribed to treat pain can be effective, but sometimes it takes time to find the right medications or combination of medications and sometime side effects occur. Just as it is unknown if any specific medications will be effective until it is taken. Once taken, the medication is adjusted to give optional benefits and minimal side effects, and if serious side effects occur, it is stopped. The FDA has approved all the medications prescribed by your physician. There is no guarantee that any one medication will either be effective or free from side effects until it is actually taken by the patient.

Policy for medication prescriptions at R.J. Kohn Family Medicine:

1. **All prescriptions for medications will be provided in writing by the physician in the office.** Prescriptions for medication, now or refills will not be provided telephonically at any time.
2. If I am prescribed controlled substance medications (narcotics) by a physician at R.J. Kohn Family Medicine. Violation of this policy is a felony and may result in immediate dismissal from R.J. Kohn Family Medicine and reporting to the authorities. Government regulations require we follow certain policies, for your protection and ours. I agree to take a urine or blood test for detection of controlled substances (drug screen) at any time my physician requests it. If I decline the drug screen test, I may have my prescriptions stopped or be dismissed from R.J. Kohn Family Medicine.
3. Early refills (before the scheduled date) are generally not given and are done only so that the sole discretion of the prescribing physician. Prescriptions for controlled substances will not be replaced for any reason (lost, stolen, took too much, fell in toilet, car stolen, etc....).

Generally risks of medications include allergic reactions, severe enough to cause death: kidney or liver damage, failure: sedation, confusion, impaired judgment, nausea, vomiting, headache, weakness and dizziness: rash.

Specific risks pertaining to some specific medications are as follows:

Non steroidal anti-inflammatory drugs (NSAIDS): Stomach or bowel upset, ulcer or bleeding: kidney or liver damage or failure, edema, fluid retention, worsening or asthma, high blood pressure.

Acetaminophens (Tylenol): Liver damage or failure, low blood cell counts.

Steroids: Damage to skin bones (osteoporosis), eyes (cataracts/glaucoma), or other issues; Cushion's Syndrome (much steroid), adrenal gland suppression, increased blood sugar, fluid and electrolyte imbalance, muscle wasting, gastrointestinal ulcerations and bleeding.

Opioids: Sedation, impaired thinking and judgment, nausea, vomiting, constipation, dependencies (withdrawal if opioid stopped); tolerance, addiction, headache, blurred vision, urinary retention, death if overdose.

Anti-Epileptic drugs (AED's): Dizziness, impaired thinking and judgment, liver or blood damage.

Antidepressants: Confusion, blurred vision, worse glaucoma, abnormal heart rhythm, low blood count.

Muscle relaxants: sedation, impaired judgment, liver or blood damage.

Benzodiazepines: Sedation, impaired judgment, liver or blood damage.

Migraine medications: Vertigo, angina, heart attack, stroke, seizure, elevated blood pressure.

By signing below, I affirm that I have read the above information. I understand there are risks involved with all medication prescribed to me. I agree to immediately notify my physicians of any adverse reaction I am having to my medications.

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Patient of his/her legal guardian

Date

Witness

Physician declaration: I and/or my assistants have explained the pertinent contents of this document to the patient and have answered all the patients' questions. To the best of my knowledge, the patient has been adequately informed and the patient has consent to the above-prescribed medication.

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Physician's or health care provider

Date