

CONFIDENTIAL MEDICAL REPORT

David A. Frenz, M.D.
825 Nicollet Mall #1451
Minneapolis, MN 55402
T | 612-404-2510
F | 651-925-0360

Patient Name
Date of Birth

Prescription Controlled Substance Agreement

Dr. Frenz has determined that you might benefit from a prescription controlled substance. He will use this document to teach you about these medications and how to take them safely. Please keep a copy of this paperwork at home for future reference.

What are Prescription Controlled Substances?

Prescription controlled substances are potentially useful medications that can lead to addiction in some people. Examples of these medications appear in the table below:

Type of Medication	Some Examples
Opioid pain killers	Hydrocodone (Vicodin) Hydromorphone (Dilaudid) Morphine (Kadian, MS Contin) Oxycodone (OxyContin, Percocet) Tramadol (Ultram)
Stimulants	Amphetamines (Adderall) Methylphenidate (Ritalin)
Anxiety medications (benzodiazepines)	Alprazolam (Xanax) Clonazepam (Klonopin) Diazepam (Valium)
Sleeping medications	Zolpidem (Ambien) Eszopiclone (Lunesta)
Medications used to treat addiction	Buprenorphine (Suboxone, Zubsolv)

What is Addiction?

Addiction occurs when someone's use of alcohol, illegal drugs or prescription controlled substances leads to problems at home, work or school. Most people do not get addicted to prescription controlled substances, however, your risk for addiction goes up if:

- Your family members have had problems with addiction
- You abused alcohol, illegal drugs or prescription controlled substances in the past
- You have mental health issues like depression or anxiety

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Informed Consent

Dr. Frenz will fill out this section and discuss it with you:

Which controlled substance was prescribed?

Why was this medication prescribed?

- | | |
|---------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> To relieve pain | <input type="checkbox"/> To improve thinking and mental focus |
| <input type="checkbox"/> To reduce anxiety | <input type="checkbox"/> To improve sleep |
| <input type="checkbox"/> To treat addiction | <input type="checkbox"/> Other: |

What are the risks and side effects of this medication?

- | | | |
|-------------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> Addiction | <input type="checkbox"/> Overdose and death | <input type="checkbox"/> Accidents and injuries |
| <input type="checkbox"/> Sleepiness or sedation | <input type="checkbox"/> Problems thinking | <input type="checkbox"/> Upset stomach |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Bladder problems | <input type="checkbox"/> Itching |
| <input type="checkbox"/> Worsening pain | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Hormone problems | <input type="checkbox"/> Other: | |

What treatment options are there besides a prescription controlled substance?

- | | |
|------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Medications that aren't controlled substances | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Psychotherapy ("counseling") | |
| <input type="checkbox"/> Other: | |

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Patient Agreement

For your safety, Dr. Frenz requires you to acknowledge and/or agree to the following guidelines:

- I will take my prescription controlled substances as instructed
- I won't drive or put myself in dangerous situations until I'm sure that I can do so safely
- I will keep my prescription controlled substances in a safe place (for example, away from children and pets)
- I understand that Dr. Frenz may not refill my prescription controlled substances if I miss a scheduled appointment with him
- I understand that I won't receive early refills if I run out of my prescription controlled substances early
- I understand that Dr. Frenz may not replace my prescription controlled substances if they are lost or stolen. I will file a police report if he asks me to
- I won't share my prescription controlled substances with other people
- I won't take prescription controlled substances that aren't prescribed to me
- I will contact Dr. Frenz right away if another health care professional changes my prescription controlled substances or prescribes a new controlled substance to me
- I will cooperate with drug testing
- I will avoid alcohol when I am taking prescription controlled substances
- I will tell Dr. Frenz if I am using any street drugs, including marijuana
- I will treat Dr. Frenz, his staff and his other patients with courtesy and respect
- I understand that Dr. Frenz can change my treatment plan at any point, either with or without my permission. A possible situation where this might occur is if Dr. Frenz is concerned about my safety

Patient Attestation

- I certify that Dr. Frenz explained why he prescribed a controlled substance to me
- I acknowledge that prescription controlled substances have various side effects and risks, including possible addiction
- I agree to follow all of the guidelines that appear on this page

Your Signature & Today's Date: _____

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Prescription Controlled Substance Agreement

Provider Attestation

- I explained why I prescribed a controlled substance to the patient
- I educated the patient about the side effects and risks of prescription controlled substances, including possible addiction
- I reviewed the guidelines on Page 3 with the patient

Dr. Frenz's Signature, Today's Date & Time: _____