



MEDICATION MANAGEMENT AGREEMENT

Safe, Responsible, Collaborative, Personalized Care

1 GENERAL MEDICATION AGREEMENT

- ☐ Provide a complete medication/supplement list
- ☐ Provide accurate allergy/adverse-reaction information
- ☐ Report significant medical changes
- ☐ Report pregnancy/breastfeeding when applicable
- ☐ Take medication only as directed
- ☐ Discuss dose changes with clinician
- ☐ Report significant side effects
- ☐ Do not share prescribed medication
- ☐ Store medication safely
- ☐ Keep required follow-up appointments

2 REFILLS & PHARMACY

Refill requests require adequate processing time. Some medications cannot be refilled without an appointment or clinically necessary monitoring. Early replacement of lost, stolen, damaged, or prematurely used medication may be declined.

Preferred Pharmacy: _____

Pharmacy Phone / Location: _____

3 CONTROLLED SUBSTANCE AGREEMENT - IF APPLICABLE

- ☐ Do not obtain overlapping controlled prescriptions without disclosure
- ☐ Do not sell, share, or divert medication
- ☐ Use medication only for the prescribed patient and purpose
- ☐ Participate in clinically appropriate monitoring
- ☐ Notify clinician of concerning sedation, impairment, misuse, or adverse effects
- ☐ Understand prescription-monitoring data may be reviewed

4 SAFETY

Serious medication reactions or medical emergencies require immediate evaluation. Call 911 or seek emergency care when appropriate rather than waiting for a routine message or refill response.

5 PATIENT ACKNOWLEDGMENT

Signing this agreement does not guarantee that any medication, including a controlled substance, will be prescribed.

Patient Name: _____

Signature: _____

Date: _____