

Controlled Substance Agreement

Medication management for ADHD is a collaboration between the patient, parents and prescriber. This collaboration works best when all parties understand what is expected of them. At Intergalactic Pediatrics, patients receiving prescriptions for controlled substances (stimulant medications) must have a Controlled Substance Agreement signed by all parents and/or legal guardians involved in their care.

This agreement pertains to, and is agreed to by:

Patient Name: _____ Patient DOB: _____

Parent 1 (name and signature): _____

Parent 2 (name and signature): _____

Parent 3 (name and signature): _____

Expectations

Taking these medications can have side effects including but not limited to: irritability or other temporary mood or behavior changes, stomach pain, headaches, weight loss and appetite suppression, blood pressure and heart rate changes, or difficulty sleeping. For these reasons, your child will require close follow up from our provider.

Parents should expect frequent in-person visits while the patient is trialing new medications, experiencing dosage adjustments, or experiencing side effects.

Communication and Refill Requests

We require parents to communicate any challenges with medication so that we can problem solve with you. Communicate with us via SMS (206-203-2509), Spruce or our AthenaHealth portal. <https://intergalacticpediatrics.com/contact> for more.

Parents can expect a response within 48 to 72 hours for non-urgent messages.

For urgent concerns, parents should expect a response within business hours (9:00AM to 6:00PM). Please indicate the urgency in your message. We will do our best to respond in a timely manner.

If your child is experiencing an emergency, take them to the closest emergency department or dial 911.

Refill requests need at least 48 hours notice. We cannot refill medications on the same day.

Children who spend time in two or more different households will need to agree on one refilling pharmacy and anticipate when refills are needed.

Starting a new medication

When a controlled substance medication therapy is initiated (for the first time with this prescriber), an in-person follow-up appointment is needed prior to the next refill (typically 30 days from therapy initiation). Please schedule the visit with our front desk or online prior to leaving your appointment.

Parent 1 initial: _____ Parent 2 initial: _____ Parent 3 initial: _____

Medication Maintenance

Once your child is on a maintenance dose for a medication (no dosing changes for 90 days), we will require an in-person follow-up visit once every 90 days (three months). These visits allow monitoring of growth, blood pressure, heart rate, and screening for medication effectiveness and potential side effects.

Well child visits and sick visits (cold, sore throat, abdominal pain, etc.) do not replace the need for an every-three-month medication check appointment.

We can only send prescriptions for a maximum of three months at a time, with a 30-day supply dispensed each month, so the next 'batch' of prescriptions will be sent at each every-three-month medication check appointment.

Parent 1 initial: _____ Parent 2 initial: _____ Parent 3 initial: _____

Medication Safety Practices

Store all medications prescribed by this office in a safe and secure manner where the child has no access.

Do not give your child medication prescribed to someone else, and do not give your child's medication to anyone else.

Do not change your child's medications or dosages without discussing first with the prescribing provider.

While under the care of Intergalactic Pediatrics for ADHD medication management, do not seek to obtain controlled medications used for the treatment of ADHD from any other provider, unless discussed with the prescribing provider at Intergalactic Pediatrics.

Parent 1 initial: _____ Parent 2 initial: _____ Parent 3 initial: _____

For the patient, please read and initial:

____ I understand that this medication is to help me manage my ADHD, and that my thoughts and feelings are important to figuring out the best plan for me.

____ I will take my medication as prescribed. If I'm having trouble taking it, I will tell my parent(s)/guardian(s) or prescriber so that we can problem solve.

____ I will tell my parent(s)/guardian(s) or prescriber how I feel when taking the medication, especially if there are feelings I don't like.

____ I will not share my medication with anyone else.

____ I will not take anyone else's medication.