



All In Family Medicine
Lisa Blackwelder PMHNP-BC, FNP-C, MSN, WHNP
7610 N. Union Blvd Ste 140
Colorado Springs, Colorado 80920

Phone: 719-550-1172
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CONTROLLED SUBSTANCE AGREEMENT

I agree, as of this date, _____ to receive all prescriptions for controlled substances only from Lisa Blackwelder FNP or her specific designee. This includes all painkillers (norco, precocet), tranquilizers, Sleep aids such as Ambien or Restoril, Belsomra, Dayvigo, Quviviq; Anxiety medications such as Xanax or Lorazepam, prescription cough medicines, and any other habit-forming drugs such as headache formulas containing Butalbital (Fioricet, etc), muscle relaxants containing carisoprodol (soma) and weight loss medications. It also includes any medications for ADD, ADHD such as Adderall or Concerta. If there is an exception for surgery or emergent circumstances, All In Family Med should be notified as soon as possible.

I understand that I will only be given enough medication for the time allowed by the DEA. Some controlled substances such as the Adderall or Concerta require an office visit for a refill every 30 days. Office visits will be scheduled every 30 or 90 days as applicable to the controlled substance that is prescribed. Telehealth Office Visits may be used 2 out of the 3 months. **No** refills will be given prior to that time, unless explicitly stated on the original prescription. **No** exceptions will be made for any reason, including accident, loss, theft of medication. It is my responsibility to protect my medications supply.

I also understand that federal regulation requires a Controlled Substance Report to be accessed prior to every controlled substance prescription written or refilled.

I also agree to fill all controlled substance prescriptions at the following pharmacy.

Name: _____

Location: _____

Lack of follow up as appointed or misuse of any prescriptions or medicine will constitute violation of this agreement.

I understand that if I violate this agreement in any way I may be immediately discharged from Lisa's care and asked to find another provider.

Print name: _____

Signature: _____

Date: _____

Provider signature: _____



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Controlled Substance Policy

All In Family Med Providers do not accept patients to the All In Family Medicine practice who are just seeking controlled substance prescriptions.

All In Family Med Providers will expect full medical care to include regular annuals and yearly lab work for all patients receiving any type of controlled substance. This is for the patient's safety as well as All In Family Med Providers licenses to practice.

All In Family Med Providers do not initiate long-term controlled substance usage. We will write for Narcotics or controlled substances as needed but avoid the use of controlled substances to a Strong degree.

All In Family Med Providers will help you to find a therapist or Pain management specialist or sleep assistance program.

All In Family Med Providers will work with you for natural methods for control of anxiety, pain or insomnia. These may include meditation, yoga, Calm app, Deplin, hiking, walking, weight loss, or melatonin sustained-release.

All In Family Med Providers patients will be asked to sign a controlled substance agreement before a prescription for narcotics or other controlled substances will be issued.