

Informed Consent / Treatment Agreement for Stimulant Therapy

Stimulants are medications used to treat attention-deficit/hyperactivity disorder (ADHD). ADHD is a common condition affecting up to 7% of children and up to 4% of adults. The main symptoms are usually problems focusing or paying attention, frequent fidgeting and restlessness, and troubles with impulse control. ADHD is treatable and most people will eventually find a treatment (stimulant or non-stimulant) that works well for them.

It may seem strange to use a stimulant for ADHD, but stimulants are the most frequently prescribed medication for this condition. They work by stimulating the parts of the brain needed for focused attention. Some commonly used stimulants include amphetamine mixed salts (**ADDERALL** and generics), dextroamphetamine (**DEXEDRINE** and generics), lisdexamfetamine (**VYVANSE**), and methylphenidate (**RITALIN**, **BIPHENTIN**, **CONCERTA**, and generics).

Stimulants do not work for everyone. They also require careful monitoring as they can cause side effects. As well, stimulants are controlled substances and there are numerous laws and regulations regarding how they are prescribed. One reason these regulations exist is that stimulants have a high street value and can be desired by people who misuse substances. This Informed Consent and Treatment Agreement is to help **keep you safe** and help your healthcare provider comply with **standard best practices**.

The patient/guardian agrees:

1. To fill prescriptions only at **one pharmacy** located at _____.*

**your healthcare provider will send a copy of this agreement to the above pharmacy*

Staying with one pharmacy makes monitoring your progress easier for all involved.

2. To receive stimulant prescriptions from only **one healthcare provider** (except in emergency situations, where I will inform my healthcare provider as soon as possible).
3. To report any **side effects** arising from the medication (see Table 1). **These side effects can often be managed** by adjusting the dose, adjusting the time of day the medication is taken, or changing to a different formulation.
4. To reliably attend **appointments** with the practitioner.
5. To take stimulants only as prescribed (i.e. not to change the dose without the consent of your healthcare provider). This means that **early refills** will not be authorized.
6. To safely store the medication. The best approach is to use a lock box and to not keep stimulants where others might see or have access to them. **If stimulants are lost, stolen, or spilled**, they will not be replaced. (With apologies, but we must be like the bank and money in this regard).
7. To not **share, lend, or sell** this stimulant medication to any other person.
8. To periodic **urine drug tests** at the discretion of the healthcare provider (including coming in for random screens).
9. To periodic **pill counts** at the discretion of the pharmacist (including coming in for random counts).
10. To explore **non-stimulant related treatments** for ADHD as recommended by your healthcare provider.

Table 1. Some common side effects of stimulant medications.

- Decreased appetite (which can lead to weight loss)
- Trouble sleeping
- Headaches
- Stomach upset

Breaking this agreement may mean that your healthcare provider will stop prescribing this stimulant.

The practitioner agrees:

1. To be able to see you within a reasonable time for follow up.
2. To maintain open communication between any other healthcare providers regarding your ADHD management (such as physicians, pharmacists, or emergency departments).

Signature Lines

Practitioner signature

Date

Patient or Guardian signature

Date

Patient name (print)