

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE

FOOD AND DRUG ADMINISTRATION  
CONSENT TO TREATMENT

**WITH AN APPROVED NARCOTIC DRUG**

(Provisions of this form may be modified to conform to any applicable State law)

DATE \_\_\_\_\_

\_\_\_\_\_  
NAME OF PATIENT

\_\_\_\_\_  
NAME OF PRACTITIONER EXPLAINING PROCEDURES

\_\_\_\_\_  
NAME OF MEDICAL DIRECTOR

I hereby authorize and give voluntary consent to the above named Program Medical Director and/or any appropriately authorized assistants he/she may select, to administer or prescribe the drug methadone as an element in the treatment for my dependence on heroin or other narcotic drugs.

The procedures to treat my condition have been explained to me, and I understand that it will involve my taking the prescribed narcotic drug at the schedule determined by the Program Medical Director, or his/her designee, which will help control my dependence on heroin or other narcotic drugs.

It has been explained to me that methadone is a narcotic drug which can be harmful if taken without medical supervision. I further understand that methadone is an addictive medication and may, like other drugs used in medical practice, produce adverse results. The alternative method of treatment, the possible risks involved, and the possibilities of complications have been explained to me, but I still desire to receive methadone due to the risk of my return to heroin or other narcotic drugs.

The goal of narcotic treatment is total rehabilitation of the patient. Eventual withdrawal from the use of all drugs is an appropriate treatment goal. I realize that for some patients narcotic treatment may continue for relatively long periods of time, but that periodic consideration shall be given concerning my complete withdrawal from the use of all narcotic drugs.

I understand that I may withdraw from this treatment program and discontinue the use of the drug at any time, and I shall be afforded detoxification under medical supervision.

I agree that I shall inform any doctor who may treat me for any medical problem that I am enrolled in a narcotic treatment program, since the use of other drugs in conjunction with narcotic drugs prescribed by the treatment program may cause me harm.

I also understand that during the course of treatment, certain conditions may make it necessary to use additional or different procedures than those explained to me. I understand that these alternate procedures shall be used when in the Program Medical Director's professional judgment, it is considered advisable.

(See reverse of this form for additional consent elements)

FEMALE PATIENTS OF CHILD - BEARING AGE

METHADONE PATIENTS

To the best of my knowledge, I \_\_\_ am \_\_\_ am not pregnant at this time.

I understand that Methadone Maintenance Treatment is the standard of care or treatment of choice for any opioid addicted pregnant woman. I understand that attempts to wean off of an opioid during pregnancy are contraindicated. I understand that If am currently pregnant or become pregnant during my methadone treatment, that I will be provided increased medical monitoring and counseling services and will be required to provide consent to coordinate care with my obstetrician.

It has been explained to me, and I understand, that methadone is transmitted to the unborn child and will cause physical dependence. Thus, if I am pregnant and suddenly stop taking methadone, I or the unborn child may show signs of withdrawal which may adversely affect my pregnancy or the child. I shall use no other drugs without approval of the Medical Director or his authorized assistant, since these drugs, particularly as they might interact with methadone, may harm me or my unborn child. I shall inform any other physician who sees the child, after birth, of my current or past participation in a narcotic treatment program in order that he/she may properly care for my child and me.

It has been explained to me that it is essential to inform my physician and my child's pediatrician of my participation in a Methadone Maintenance Program. I understand that my infant will most likely experience abstinence syndrome and will require a monitored medication taper beginning shortly after birth. Breastfeeding is not contraindicated while I am taking methadone. In fact, it is encouraged for the health of the infant and to promote mother infant bonding if the mother is stable in recovery and free of all illicit drugs.

All the above possible effects of methadone have been explained to me, and I understand that at present there have not been enough studies conducted on the long term use of the drug to assure complete safety to my child. With full knowledge of this, I consent to its use and promise to inform the Medical Director or one of his/her assistants immediately if I become pregnant.

I certify that no guarantee or assurance has been made as to the results that may be obtained from narcotic addiction treatment. With full knowledge of the potential benefits and possible risks involved, I consent to narcotic treatment, since I realize that I would otherwise continue to be dependent on heroin or other narcotic drugs.

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT(S) OR GUARDIAN(S)

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE