



Adler Psychiatry
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Controlled Substance Agreement

I agree:

1. That medication education has been provided to me.
2. To provide Adler Psychiatry a complete current/past substance use history.
3. To receive this medication only from Adler Psychiatry, unless services are terminated.
4. To take any controlled substance medication only as prescribed.
5. To be responsible for medication prescribed to me. If it is lost or stolen, a police report/case number will be provided to Adler Psychiatry, and the medication may or may not be refilled.
6. Not to abuse/misuse alcohol, un-prescribed drugs, or other psychoactive substances (legal or illegal) while taking this medication.
7. To random urine drug testing at Adler Psychiatry's discretion, and completion within 48hrs of request.
8. To use only one pharmacy for my medications.
9. **For Women:** notify Adler Psychiatry immediately if I plan to become, or suspect I am, pregnant.

Client Signature

Date