**Agreement for Psychostimulant Therapy**

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree that Rehan Puri, MD will be the only physician prescribing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (also known as STIMULANT), a medication for managing ADHD and that I will obtain all of my prescriptions for this medication at one pharmacy. The exception would be an emergency situation or in the unlikely event that I run out of medication. Should such occasions occur, I will inform my physician as soon as possible.

2. I understand the importance of taking the medication at the dose and frequency prescribed by my physician. I agree not to increase the dose of the medication without first discussing it with my physician. I understand that expected prescription refill dates will be used to promote optimal use of this medication.

3. My physician may require random urine testing as a matter of routine monitoring & it is my responsibility to follow up on my lab results.

4. I will attend all reasonable appointments, treatments and consultations as requested by my physician. I will pursue other ADHD consultations/management strategies as necessary.

5. I understand that I should check with my physician or pharmacist before taking other medications including over-the-counter and herbal products.

6. I agree to be responsible for the secure storage of my medication at all times. I understand the importance of not informing others about my stimulant therapy. I agree not to give or sell my prescribed medication to any other person. I acknowledge that my physician is not obligated to replace any medication shortfall.

7. I consent to open communication between my doctor and any other health care professionals involved in my ADHD management, such as pharmacists, other doctors, emergency departments, etc.

8. I understand that if I break this agreement, my physician reserves the right to stop prescribing stimulant medications for me.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Print Name & Sign** Rehan Puri, MD