



Controlled Substance Patient Discussion (Nevada Topics)

Patient Name: _____ Date: _____

The state of Nevada requires that providers discuss the following with patients before obtaining a Patient Informed Consent Form for controlled substances for pain management.

Your provider is required to address the following topics:

1. The potential risk and benefits of using controlled substances.
2. The proper use, storage and disposal of controlled substances.
3. The treatment plan implemented for your use of controlled substances.
4. Alternative treatment plans that do not include the use of controlled substances.
5. The risks to a fetus for exposure to controlled substances in women of childbearing age.
6. For opioids, the availability of an opioid antagonist.
7. For minors, the risks that the minor will abuse, misuse or divert the controlled substance and ways to detect those issues.

By your signature below, you are acknowledging that your provider has discussed the above topics with you, that you have had opportunity to you ask questions regarding these topics with your provider and that you have sufficient information to understand these topics related to the use of the controlled medications prescribed.

You should NOT sign this form if you do not believe you have sufficient information to understand these topics related to the use of the controlled medications prescribed.

Patient Name: _____

Patient Signature: _____

Provider Signature: _____

Date: _____

To be completed and scanned into the patient's chart at initial CS Rx visit.