

INFORMED CONSENT FOR CONCURRENT BENZODIAZEPINE AND OPIOID THERAPY

I, _____, [D.O.B. ____/____/____] hereby acknowledge that my physician/health care provider at Opioid Management Group has explained to me the exceptional dangers of taking my anxiety medicine, _____ (benzodiazepine), together with my pain medicine (opioid), _____.

NOTE: The muscle relaxant Soma (carisprodol) is also considered to be a benzodiazepine.

- I am aware taking benzodiazepines together with opioids markedly increases the risk of accidental fatal overdoses.
- I understand that taking benzodiazepine medications together with opioid medicines increases the likelihood of impairing me, putting me at greater risk of motor vehicle accidents and other injuries working around machinery.
- I will take my benzodiazepine and my opioid medications exactly as directed and never take more than prescribed.
- I attest that I am not actively suicidal and I promise to notify my health care provider if I should develop suicidal thoughts or feelings.
- I will not consume **ANY** alcohol together with my benzodiazepine and opioid medications – **NO EXCEPTIONS** for holidays, birthdays or other special occasions. I understand that alcohol use will not be tolerated.
- I understand and accept the exceptional risks of taking benzodiazepines together with opioid medications.
- If I am on buprenorphine (Suboxone or Subutex) with a history of substance abuse, I am aware that benzodiazepines are also highly prone to addiction and substance dependency. Fatal interactions can occur when taking benzodiazepines with buprenorphine.
- If I am prescribed benzodiazepines by another health provider, I understand that I need to make the other provider aware I am also on opioids and that the combination poses much greater risks of fatal overdoses and other side effects.

Patient's Printed Name: _____

Patient's Signature: _____ Date: ____/____/_____