**COMPLETED BY:**

1. Physician (MD or DO)
2. Nurse Practitioner
	1. **\*\*Note: While the forms state “Medical Staff” for signature being obtained this still only applies to a Physician or Nurse Practitioner.\*\***

**COMPLIANCE REQUIREMENTS:**

1. Form is **not** required but is intended to be used as a tool to support good clinical practice when prescribing Schedule II, III, and IV controlled substances.
2. When it is used, the form should be filed in the hybrid chart with the Informed Consent for Psychotropic Medication form.

**DOCUMENTATION STANDARDS:**

1. Physician/Nurse Practitioner shall review all elements of the form with client prior to initial prescription of controlled substances.
2. Form shall be signed and dated by both client or legal representative and Physician/Nurse Practitioner.