



Informed Consent for Suboxone Therapy

Dr. Petersen is prescribing you Suboxone for your diagnosis of Opioid Dependence.

Your doctor has discussed alternative treatments that do not involve the use of Suboxone. The other treatments discussed include:

Individual Counseling, Inpatient rehab-if necessary, group therapy (where appropriate), Depo-Naltrexone (Vivitrol), and/or no treatment.

My provider has also discussed the potential side-effects (listed below) and risk of dependence and withdrawal syndrome if discontinued abruptly. Side effects include but are not limited to:

- Sleepiness, confusion, difficulty thinking
- Nausea, vomiting, constipation
- Respiratory depression
- Increased sweating
- Low hormones-such as testosterone, which may affect mood, stamina, sexual desire and physical performance.
- Physical dependence of babies born to mothers who are taking these medications
- Potential for allergic reaction
- Potential for interaction with other medications-increase in side effects of other medications taken together.
- Potential for dependence on medication-physical symptoms of withdrawal should medication be stopped abruptly. Symptoms include nausea, vomiting, abdominal pain, sweating, and aches
- Death from unintentional/intentional overdose

If you have read and understand this form in its entirety, and all of your questions have been answered, please sign below to acknowledge your consent for treatment with opioid medications.

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____

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