

**TRAVERSE HEALTH CLINIC
CONSENT FOR TREATMENT WITH NALTREXONE**

Oral Naltrexone (Revia) and Extended-Release Injectable Naltrexone (Vivitrol)

Please initial each statement after it has been explained to you and you understand it.

_____ I understand Naltrexone is a prescription medication that is used to prevent relapse to opioid use and also to treat alcohol use disorder.

_____ I understand I cannot begin Naltrexone treatment if I am currently using opioids or currently experiencing withdrawals from opioid use.

_____ I understand that to avoid getting sick, I must stop the use of any drugs/medications that have opiates/opioids in them at least 7-14 days before I start Naltrexone treatment. I must NOT have any opioids (methadone, buprenorphine, heroin, oxycodone, fentanyl, etc.) in my system and I CANNOT be withdrawing when I begin Naltrexone treatment.

_____ I understand and agree to provide a urine drug screen before each Naltrexone injection to assure abstinence from opioids.

_____ I understand Naltrexone injections are extended-release, which means they cannot be removed from my body. To ensure I can tolerate the medication, if I have never take Naltrexone before, I may be asked to take the first dose by mouth (tablet form). If my body tolerates the medication I can then begin treatment by injection.

_____ I understand a reaction at the site of injection may occur and could be serious. It is important that I contact my Primary Care Provider (PCP) if I experience any reaction or if my reaction gets worse. Reactions can include the following:

- Intense pain
- Swelling, redness and warmth
- Area feels hard, lumpy
- Blisters, and/or skin is open

_____ I understand that allergic reactions can occur soon after an injection of Naltrexone. I will contact my PCP if I experience any of the following symptoms:

- Skin rash
- Trouble breathing or wheezing
- Chest pain
- Dizziness or fainting
- Swelling of eyes, mouth, tongue, or face

_____ I understand that Naltrexone can affect my liver. Blood will be drawn before starting treatment and as needed during treatment to make sure my liver is healthy. I will contact my PCP if I experience any of the following symptoms during treatment:

- Yellowing of the skin or eyes
- More tired than normal
- Dark urine
- White stool or diarrhea
- Stomach pain, or loss of appetite

_____ I understand Naltrexone treatment may lead to depression. If I develop signs of depression or feel like harming myself or someone else I will contact my PCP right away.

_____ I understand I could develop signs/symptoms of pneumonia while receiving Naltrexone treatment. I will contact my PCP if I experience any of the following:

- Shortness of breath
- Difficulty breathing
- Wheezing
- Fever
- Cough that does not go away

_____ I understand I may experience dizziness while receiving Naltrexone treatment. I should avoid driving/operating heavy or dangerous machinery until I know I can tolerate Naltrexone.

Name _____
DOB _____ Initials _____

_____ I understand that the use of large doses of heroin or other opioids (morphine, oxycodone, methadone, codeine, etc.) while on Naltrexone could cause serious injury, coma or death.

_____ **I understand that if I was addicted to opioids before starting Naltrexone, I will be more sensitive to lower doses of opioids and at risk for an overdose if I relapse.**

_____ **I understand that relapse to opioids is very dangerous, especially after being on Naltrexone. I should not begin using the drug/medication I used before I started Naltrexone treatment because my body will be more sensitive to opioids. I should tell my family, friends and close contacts that I am on Naltrexone and inform them of the risk of an overdose if I relapse.**

_____ I understand I should carry alert information (medical alert necklace, bracelet or emergency card) so others know I am on Naltrexone in the case of a medical emergency.

_____ If I am a woman of childbearing age I understand a pregnancy test will be completed before treatment begins and before each injection thereafter. If I learn I am pregnant at any time, I will contact my PCP.

_____ I understand I will see my treatment team frequently in the beginning of Naltrexone treatment and then less frequently as I become more stable. I understand the importance of support and assessment during this time. During my treatment I should expect the following:

- Urine drug screens at visits
- Provider visits
- Clinical check-ins
- Blood work as indicated
- Monthly injections
- Check in: social supports/ recovery network

_____ I understand Naltrexone treatment is only one part of my recovery. It is important that I seek recovery support services along with the medical part of my treatment to assist in my recovery process.

_____ I understand in an emergency situation if I require pain management with opioid medications it is important that my medical team knows that I am on Naltrexone because this would require medical management by providers trained in the use of anesthetic drugs and management of potential respiratory effects. I should carry emergency contact information (medical alert necklace, bracelet or emergency card) with me at all times and have my medical team contacted if needed to assist in my care.

_____ I have had the opportunity to ask questions and all of my questions have been answered.

Printed patient name

Patient Signature

Date

Provider Signature

Date