



Medication Management Agreement

This agreement between _____ (patient) and Forever Young Health and Wellness establishes guidelines and conditions required for the use of hormone replacement therapy (HRT) involving DEA “controlled” or “scheduled” medications. The Clinic and patient agree that these guidelines and conditions are an essential factor in maintaining a successful patient/practitioner relationship. Adverse side effects and/or physical/psychological dependence may develop after repeated use of these medications and therefore, these agents are prescribed with caution.

The patient accepts and agrees to the following conditions:

1. I understand that the medications I have purchased are prescribed and administered for me based on diagnosis derived from my submitted medical history, blood and lab work, and physical examination. They are to be based exclusively for treatment of these diagnoses.
2. I will immediately report any adverse side effects related to the use of my medication to the Clinic and discontinue use until advised to resume usage by the Clinic.
3. I will safeguard my medications from loss or theft.
4. I will not share, sell or trade my medications for money, goods, or services.
5. I agree that I will use my medication at the prescribed rate and dosage, and will keep the medications in its respective labeled container.
6. I will not attempt to obtain “scheduled” hormone replacement therapy medications illegally or from any other health care practitioner without disclosing my current medication usage.
I understand that it is against the law to do so.

Patients of Forever Young Health & Wellness

Patient Signature: _____

Date: _____