

Vivitrol (Naltrexone) Treatment Informed Consent Form

I, _____, have been informed of the following issues regarding treatment with Vivitrol (Naltrexone Injection):

- 1) I understand that I must have abstained from opiates (including legal painkillers such as Oxycontin, Methadone, Hydrocodone, Morphine, Vicodin, Fentanyl, Duragesic, or others, or illegal opiates such as heroine), for a minimum of two (2) weeks. _____
- 2) I understand that if I've been detoxing using Suboxone, I've been off of it for at least 7 days, I've only been on 2 mg/d for the final week, and haven't used any other opiates during this time. _____
- 3) I understand that once injected, Vivitrol cannot be removed and will be deposited in muscle tissue for up to one month. _____
- 4) I understand that I may experience acute opiate withdrawal symptoms if I still have opiates in my system, even if I've waited two (2) weeks. Opiate withdrawal symptoms include runny nose, anxiety, nausea, vomiting, abdominal pain, diarrhea, muscle aches and pain, which may be severe in some cases. _____
- 5) I understand that I may experience symptoms such as nausea, vomiting, abdominal pain, if I had consumed alcohol less than one week before the first Naltrexone dose. _____
- 6) I understand that if I sustain an injury which may require treatment with opiates, it may be more difficult to treat my pain because of Naltrexone blocking the brain's opiate receptors. _____
- 7) I understand that if I attempt to override the opiate receptor blockage with opiates, I run the risk of accidental overdose and death. _____
- 8) I understand that Naltrexone has been associated with abnormal liver function and that I must undergo periodic blood tests to monitor my liver. _____
- 9) I understand that I should not be on Naltrexone if I have acute infectious hepatitis. _____
- 10) I understand that the risks of being on Naltrexone during pregnancy are unknown and therefore not recommended. _____
- 11) I understand that Naltrexone treatment is not a substitute for recovery and that I must participate in counseling in order to obtain the maximum benefit from treatment with this injection. _____
- 12) I understand that the common side effects are nausea, vomiting, headache, dizziness and tiredness, and redness, induration, pain and discomfort at the injection site. _____
- 13) I understand that Vivitrol is currently indicated and approved by the FDA for alcohol dependency, and recently in the treatment of Opioid dependency. _____
- 14) I have been explained all of the points above and have had the opportunity to ask questions. _____

Patient Signature

Date

Physician or Physician's Representative Signature

Date