wellpath To hope and healing.	**Wellpath** **Informed Consent for Naltrexone**	Patient Name (Last, First, MI):		
Date of Birth:	☐	Patient ID No:	DOC Commitment Number:	Date:

Naltrexone: Re Via®, Vivitrol®

FOR INFORMATIONAL PURPOSES ONLY. FOR SPECIFIC INFORMATION CONSULT YOUR PHYSICIAN

About naltrexone: This medication is used to treat alcohol dependency and Opiate Use Disorder including Medication Assisted Treatment for addiction. Naltrexone is an antagonist (i.e. blocks opioids by attaching to the opioid receptors in the brain without activating them).

How to Use: This medication is taken daily by mouth or as a monthly injection.

Risks and Hazards: Naltrexone should not be given to patients who have had significant reactions to this medication in the past. Please note, this medication is not FDA approved for use in pregnant patients.

Side Effects: These medications can cause side effects. The most common side effects are dizziness, headache, nausea, anxiety, insomnia, abdominal pain, and local injection site irritation (Vivitrol® only). Report to health care staff if any of these symptoms disrupt activities of daily living or persist. Some side effects can be serious. The following symptoms are uncommon, but if you experience any of them, report them to medical staff immediately: chest tightness, shortness of breath, severe skin rash, swelling of the lips, seizures, weakness, or numbness. Alert your medical provider if you have any unusual problems after receiving this medication.

Notifications:
By signing this form, I, the patient, or as guardian of the above-named patient consent to receiving the naltrexone. I have been informed of the risks and hazards associated with this treatment, and the possible side effects that I may experience from this treatment.
I have been given a chance to ask questions about my treatment and all my questions have been answered. I understand that I can discuss any other questions I might have about my treatment with the medical staff and that a copy of this form may be reviewed upon my request. I have read, or have had read to me, this form and I understand all of its contents. I sign this willingly in full understanding of the above and release Wellpath, its employees and agents, the State, statutory authority and all correctional staff from any and all liability, which may arise from this action.

○ I do NOT wish to receive naltrexone at this time. I have been fully informed of the risks and benefits of this decision and understand them completely. Furthermore, I understand that should I change my mind, I should use the sick call process to bring this decision to the attention of medical personnel.

○ **Verbal Consent obtained. Reason:**_____

Patient/ Guardian Name (Printed):		Patient/ Guardian Signature:	Date:
Witness Name (Printed):	Date:	Witness Signature:	Date:

Patient has provided verbal consent			
Provider Signature:	Title:	Date:	Time:
Witness Signature:	Title:	Date:	Time: