



Delaware Professionals' Health Monitoring Program

1-855-575-9350 Fax: 877-730-5113

Medication Management Form

Dear Provider,

As part of a monitoring agreement, this patient must submit a log of all new and continuing prescriptions of medications with addictive potential and/or psychotropic medications. For a definition of medications with addictive potential and/or psychotropic medications, please consult the HPSP letter of information.

In addition, several over the counter medications may have sedating or stimulating effects. This includes, centrally acting antihistamines and decongestants such as diphenhydramine (Benadryl), and hydroxyzine (vistaril or atarax). Licensees who have a non-negative test result due to the presence of one of these over the counter medications will be required to provide a letter from their treating physician indicating that the physician is aware that the licensee is participating the in Health Professionals' Services Program, and is also aware that the licensee is taking an over the counter medication that has potentially sedating or stimulating effects, and agrees with the Licensee's use of the medication. If you approve of your patient using over the counter medications that may have sedating or stimulating effects, please add them to the list below.

We ask that you complete and sign this form and fax it to DHPMP program office at: 877-730-5113. Thank you for your attention to this delicate matter. Call us with any concerns.

Name of Licensee: _____ Acct # _____

Medications with addictive potential

Can this patient continue to practice in their profession while taking these medications? ___ Yes
___ No

If no, when can this patient return to practice? _____

Comments: _____

Please specify any limitations to practice while on the medications. _____

Date of Rx	Medication	Strength	Instructions	# prescribed	Expected duration of treatment

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient.

Date of Rx	Medication	Strength	Instructions	#prescribed	Expected duration of use

Psychotropic Medications and/or sedating or stimulating OTC medications

Can this patient continue to practice while taking these medications? ___ Yes ___ No

If no, when can this patient return to his/her professional duties? _____

Comments: _____

Date of Rx	Medication	Strength	Instructions	# prescribed	Expected duration of use

Please verify:

I have been informed this patient is in recovery for chemical dependency or has a mental health diagnosis.

I have been given the HPSP letter of information regarding prescription of medications with addictive potential and/or psychotropic medications.

Practitioner's Name (Please Print)

Practitioner's Signature (no stamps, please)

Office Phone Number

Date