

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 including Buprenorphine and Methadone. For a definition of medications with addictive potential and/or psychotropic medications, please consult the DPHMP 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 in the Delaware Professionals' Health Monitoring 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 the DHPMP program office (877-730-5113.) Thank you for your attention to this delicate matter. Call us with any concerns.

Thank you,

Delaware Professionals' Health Monitoring Program
IBH Monitoring

Medication Management Form

Name of Licensee or Acct#:

Licensee DOB:

Name of Provider (First Middle Last, Credentials):

Name of Provider Practice and Specialty:

Provider Phone:

Provider Office Address:

Provider Fax:

Medications with Addictive Potential

Date of Most Recent Rx	Initial Start Date of Rx	Medication Name (Generic)	Dosage, route, freq (ex: 25 mg PO BID)	#	Condition Prescribed for	Expected duration of treatment	Can patient continue to work while taking this medication?

Psychotropic Medications and/or sedating or stimulating OTC medications

Date of Most Recent Rx	Initial Start Date of Rx	Medication Name (Generic)	Dosage, route, freq (ex: 25 mg PO BID)	#	Condition Prescribed for	Expected duration of treatment	Can patient continue to work while taking this medication?

If the patient should not work while taking a listed medication, WHEN can patient return to professional duties? _____

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

Comments: _____

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 DPHMP 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) Date