

Bluegrass Professional Center
1901 Leitchfield Rd, Suite B
Owensboro, KY 42303
(270) 684-5252



Steven M. Block, DPM, FACFAS

Effective July 28, 2012, Kentucky Law now requires ALL medical offices to advise ALL patients as to the potential addiction associated with narcotic pain medications.

Patient Name: _____ Date: _____

1. I have been made aware of certain risks and consequences that are associated with the taking narcotic pain medications. They are described in Paragraph 2 such as but not limited to risk of addiction and dependence. I hereby acknowledge that I understand the information he has given me.
2. I understand that the explanation of the risks and consequences that I have received is not exhaustive and that other, more remote, risks and consequences may arise. I have been advised that these more remote risks and consequences will be explained to me upon request. I acknowledge that I have been given the opportunity to ask questions concerning this procedure and its risks and consequences, and my questions, if any, have been answered to my satisfaction.
3. I acknowledge that I have read this document in its entirety and that I fully understand it and that all blank spaces have either been completed or crossed off prior to my signing.

Possible Complications (all or many may apply):

Addiction	Intolerance to pain
Constipation	Nausea
Vomiting	Dizziness
Need for additional pain medications	
Decrease protective sensation	

I hereby state I have read and understand the above and any questions have been answered to my satisfaction prior to my signature.

Patient's signature (parent/legal guardian) Date

Witness Date