

# DOCTOR DOUG

*'The secret in the care of the patient is in caring for the patient'*

## EXPECTATION OF PATIENT/CAREGIVER

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The following statements are expectations that we as a practice would like you to be informed. Once signed, you as a patient/caregiver acknowledge understanding of these policies and are aware that any violation of these policies may result in discharge from our practice.

I, \_\_\_\_\_, understand that the medications I may receive from this practice are provided for their therapeutic value; however, they may have serious side effects. These side effects may be accentuated by the concurrent use of other medications and/or alcohol. It is unsafe to combine any medications and/or alcohol without first consulting with Douglas M Lakin, MD. I also understand that I will need to take steps to prevent any pregnancy while on these medications due to the potential impact on the fetus.

I understand that any medication that I receive from Douglas M. Lakin, MD may affect my ability to operate motor vehicles, boats, or heavy machinery. I am accountable for determining whether my ability to do these things is impaired. I will be solely accountable from my decision to do these things is impaired.

I will be solely accountable for my decision regarding this as outlined under Arizona State Law, Title 28, Chapter 4, Article 3: "It is unlawful for a person to drive or be in actual physical control of a vehicle in this state under the influence of an intoxicating liquor and drug, a vapor releasing substance containing a toxin or any combination of liquor, and drug, a vapor releasing substances if the person is impaired to the slightest." In Arizona, this may be ground for prosecution of a Driving While Intoxicated (DWI offense. \_\_\_\_\_ initials).

Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Caregiver Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Copy given to patient: \_\_\_\_\_