

Appendix 6

Sample Methadone Take-Home Agreement

Patient's Name: _____

- I understand that the methadone I am receiving is for my consumption only.
- I undertake full responsibility for making sure this medication does not get into anyone else's hands. I understand that while this dose of methadone is safe for me, it can cause serious overdose and possibly death in another person.
- I have been counselled about appropriate storage. Methadone should be kept refrigerated in a locked box.
- If my doctor specifies, I may have to show the locked box to the pharmacist prior to dispensing of carries.
- I will consume the methadone on the dates specified on the medication label.
- I agree to return all empty methadone containers on the day following each carry period. I understand that I may not receive my carry doses if this is not completed.

Patient's signature: _____ Date: _____

Pharmacist's signature: _____ Date: _____