

CHECK HERE THAT PATIENT RECEIVED A COPY OF THIS AGREEMENT

Chronic Pain Agreement & Long-term Controlled Substances Therapy Consent

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you. The long-term use of substances such as opioids (narcotic analgesics), benzodiazepine tranquilizers, and barbiturate sedatives is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder developing, or recurrence in a person with a prior addiction. The extent of this risk is not certain. Because these drugs have potential for abuse or diversion, strict accountability is necessary. For these reasons, you will agree to the following policies listed below.

I, _____, AGREE TO THE FOLLOWING:
PRINT PATIENT NAME & DATE OF BIRTH [please initial boxes below]

- To obtain controlled substances for my chronic pain condition **only** from the providers at this pain management facility, unless specific authorization is obtained for an exception. (Multiple sources can lead to untoward drug interactions or poor coordination of treatment).
- To notify the pain management team of any change in my medical condition, upcoming surgery or changes in controlled substances, herbal remedies, or any additional medication being prescribed by another physician for acute pain.
- To see a psychologist or psychiatrist for consultation and/or follow-up, if requested by the pain management team. Active participation in the management of pain is extremely important and necessary for the increased function and improvement in coping with my condition.
- To be willing to undergo alternative treatments as advised by the pain management team.
- To give the prescribing physician permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability.
- To NEVER share, sell, or otherwise permit others to have access to these controlled substances.
- To NEVER use medications from another person.
- To take controlled substances only as directed and to not stop taking them abruptly, as abstinence syndrome [withdrawal] will likely develop.

I, _____, AGREE TO THE FOLLOWING:
PRINT PATIENT NAME & DATE OF BIRTH [please initial boxes below]

To agree to regular required and unannounced urine or serum toxicology screens, possibly at patient expense. Presence of unauthorized substances may lead to discontinuation of prescribing controlled substances, discharge from the practice and/or prompt referral for assessment for addictive disorder.

To agree to come in on short notice for random pill counts to help assure the controlled substance is not being diverted or otherwise used in a non-prescribed way.

To bring in original containers of controlled substances to be counted at every office visit or refills may not be given.

To keep controlled substances locked up in a secure place to prevent loss, theft or accidental ingestion by other individuals, especially children. Prescriptions and bottles of these controlled substances may be sought by other individuals with chemical dependency and should be closely safeguarded. I am financially responsible for all prescribed controlled substances.

To agree that controlled substances may not be replaced if they are lost, stolen, get wet, are destroyed, left on an airplane, etc.

To get REFILLS only during appointments. To make and keep regular scheduled appointments. [Please do not phone for prescriptions after hours or on weekends.] To agree that early refills will generally not be given. Prescriptions may provide instructions to the pharmacist so that they are not filled prior to the appropriate date.

To avoid the use of alcohol, and illicit substances such as cocaine, marijuana, etc. If there is a history of drug or alcohol abuse, the pain management team must be notified since the treatment with opioids for pain may increase the possibility of relapse.

To understand that any medical treatment is initially a trial and that continued prescription is contingent on response to that treatment.

To waive the right to withhold information to the responsible legal authorities if they have questions concerning your treatment, [as might occur, for example, if you were obtaining controlled substances at several pharmacies]. These authorities may be given full access to our records of controlled substances administration.

It is understood that failure to follow these policies may result in discontinuation of prescription therapy by this physician and/or referral for further treatment.

CONSENT FOR CHRONIC OPIOID THERAPY FOR:

_____ [PRINT PATIENT NAME & DATE OF BIRTH]

Dr. _____ is prescribing opioid medicine, sometimes called narcotic analgesics to me for a diagnosis of chronic pain. This decision was made because my condition is serious or other treatments have not helped my pain. I am aware that the use of such medicine has certain risks associated with it, including, but not limited to:

1. **TOLERANCE** – the need to increase controlled substances dosage to maintain relief, and it is possible that eventually there may be a need to discontinue the controlled substances due to failure to obtain relief at doses without side effects. I am aware that tolerance to analgesia means that I may require more medicine to get the same amount of pain relief. I am aware that tolerance to analgesia does not seem to be a big problem for most patients with chronic pain; however, it has been seen and may occur to me. If it occurs, increasing doses may not always help and may cause unacceptable side effects. Tolerance or failure to respond well to opioids may cause my doctor to choose another form of treatment
2. **PHYSICAL DEPENDENCE** – this means the body undergoes changes when exposed to long-term controlled substances use, which may result in a withdrawal syndrome if abruptly discontinued. I understand that physical dependence is a normal, expected result of using these controlled substances. I understand that physical dependence is not the same as addiction. I am aware physical dependence means that if my pain medicine use is markedly decreased, stopped or reversed by some of the agents mentioned below, I will experience a withdrawal syndrome. This means I may have any or all of the following, runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches throughout my body and a flu-like feeling. I am aware that opioid withdrawal is uncomfortable but not life threatening.
3. **ADDICTION** – this term does not apply to the patient simply taking these medications regularly for pain relief. However, it is possible to start taking them only for psychological affects [such as euphoria] and taking them in a compulsive manner to the detriment of the patient’s well being.
4. **OVERDOSE** – these controlled substances can cause severe sedation and possibly death from depression of breathing, circulatory failure, or fluid in the lungs.
5. **LOSS OF CONTROLLED SUBSTANCES FROM THEFT** might occur due to the “street value” of these controlled substances to certain individuals. I will not discuss my medications with others.
6. **COMMON SIDE EFFECTS** – nausea, impotence, difficulty urinating, confusion, constipation, decreased libido, sedation, swelling, sweating, weight gain, and itching. There is a possibility that the medicine will not provide complete pain relief.
 - a. **Males only** - I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire and physical sexual performance. I understand that my doctor may check my blood to see if my testosterone level is normal.
 - b. **Females only** - If I plan to become pregnant or believe that I have become pregnant while taking this pain medicine, I will immediately call my obstetric doctor and this office to inform them. I am aware that, should I carry a baby to delivery while taking these medicines; the baby will be physically dependent upon opioids. I am aware that the use of opioids is not generally associated with a risk of birth defects. However, birth defects can occur whether or not the mother is on medicines and there is always the possibility that my child will have a birth defect while I am taking an opioid.

