

PATIENT PAIN MEDICATION AGREEMENT AND CONSENT

This agreement is important for you:

- *You will have a safe and controlled pain treatment plan.*
- *Your medicines have a high potential for abuse. They can be dangerous if used in the wrong way. You need to understand the risks that come from use of pain medicines.*

Please read and make sure you understand each statement here. Here are rules about refills and health risks. Here are also reasons for stopping your pain control treatment.

I WILL:

- I will only get my pain medicine from this clinic during scheduled appointments.
- I will take my pain medicine the way that my healthcare provider has ordered.
- I will be honest with all my healthcare providers if I am using street drugs.
- I will be honest about all the medicine I use. This includes medicine from stores and herbal medicines.
- I will be honest about my full health history.
- I will tell my healthcare provider if I go to an emergency room for any reasons.
- If I get pain medicine from an emergency room, I will tell my healthcare provider.
- I will call this office if I am prescribed any new medicine.
- I will call this office if I have a reaction to any medicine.
- I will tell all other healthcare providers that I have a pain medication agreement.
- I will tell the emergency room people that I have a pain medication agreement.
- I will take drug tests and other tests when I am told to do so.
- I will go to office visits when I am told to do so.
- I will go to physical therapy when I am told to do so.
- I will go to counseling when I am told to do so.
- I will follow directions for all treatment.
- I will show up on time for all appointments.
- I will make an appointment for refills before I run out of medicine.
- I will tell my health provider if I will be out of town so that I can get my refills.
- I will get past health records from other offices when needed.
- I will deliver these records by hand if needed. I will do this within one month of being asked. I will pay for these records if needed.
- I will give permission to this clinic to talk about my treatment with pharmacies, doctors, nurses, and others who are helping me.
- I will give permission to any healthcare provider to get information from this clinic about my health and my pain treatment.
- I will take responsibility if I overdose myself accidentally or on purpose.
- I will tell my healthcare provider if I plan to become pregnant.
- I will tell my healthcare provider if I am pregnant while I am taking pain medicine.
- I will only take this medicine the way I was told to take it.

CONTINUED ON NEXT PAGE

I WILL NOT:

- I will not share or sell, or trade any of my medicine.
- I will not drink alcohol or take street drugs while I am taking pain medicine.
- I know that I cannot call the office to have my medicine refilled over the phone.
- I will not go to the emergency room or other doctors for more pain medicine or other drugs.
- I know that when I drive a car, I must be fully alert. I know that when I use machines, I must also be fully alert. Pain medicines can make me less alert. When I am taking pain medicines, I need to be sure that I am alert. I need to be sure that it is safe for me to drive a car or use a machine.
- I will not stand in high places or do anything to hurt others after I have taken pain medicine.
- I will not leave my medicine where it can be stolen or where others can take it.
- I will not leave my medicine where children can find it.
- I will not suddenly stop taking my medicine. I know that if I do this, I can have withdrawals.

WHEN USING A PHARMACY, I WILL:

- I will use the same pharmacy for all my medicines. This is the pharmacy that I have picked: _____
- I will not ask for early refills or more pain medicine, even if I lose my medicine.

I KNOW THAT

- Pain management may include other treatment. Some treatment may not include medicine.
- Pain medicine will probably not get rid of all of my pain. Pain medicine can reduce my pain so that I can do more and have a better life.
- Part of my treatment is to reduce my need for pain medicine.
- If the pain medicines work, I will continue to use them. If the pain medicine does not help me, it will be stopped.
- My medicines will not be replaced if any of these things happen: Medicine is lost. Medicine gets wet. Medicine is destroyed
- If my medicine is stolen, I might be able to get more medicine if I get a report from the police about the medicine being stolen.
- Any of my healthcare providers can find out from the California Prescription Drug Monitoring Program about any other medicines I get from any other pharmacy in California. This is called a CURES report.
- My healthcare provider may contact the drug enforcement agency, if I try to get other doctors to give me pain medicine.
- Healthcare providers may contact the drug enforcement agency if I am not honest about how I take pain medicine.
- My doctor and my clinic will help with any investigation if I am suspected of prescription drug abuse.
- I may be sent somewhere else for drug abuse or addiction help if I need it.
- Pain medicine can be addictive. This means that my body may need more and more pain medicine or that it can be hard for me to stop taking this medicine.
- If I suddenly stop using the medicine, I can get withdrawals.
- If I use too much pain medicine, I can end up with health problems. I could die.
- If I mix medicines, I could also end up with health problems. I could die.

Here are some things that could go wrong if I use too much medicine or mix medicines:

Overdose	Addiction	Constipation	Vomiting	Sleepiness
Slower reflexes	Nausea	Difficulty with urination	Confusion	Itching
Problems with sex	Dry mouth	Depression	Trouble breathing	Death

CAUSE FOR DISMISSAL FROM THIS CLINIC

- I know that the pain medicines may be stopped if I break any part of this contract.
- My signature below means that I have read this contract. I am signing this to say that I understand all of this contract.

Patient Name _____

Doctor Name _____

Patient Signature _____

Doctor Signature _____

Date: _____

