

CONSULTANTS IN PAIN MEDICINE NARCOTIC AGREEMENT

I, _____, am receiving opioids (narcotics) to treat the following condition (s): _____. The purpose of this agreement is to protect my access to controlled substances for the treatment of my pain.

The provider agrees to provide prescriptions for the patient in a medically appropriate manner according to their judgment and customary practice for the specialty of pain management. The goal of narcotic analgesic use is not only to decrease pain but to improve functionality and quality of life. The level of function will vary individually. It may be expected for the patient to participate in a functional restoration program including physical, psychiatric and psychological therapy as prescribed by the doctor. If the patient makes no effort to improve function, the medications may be discontinued.

PLEASE NOTE: Narcotic medications may cause drowsiness and sedation in some patients. It is recommended that people taking these medications not operate a motor vehicle or machinery. Also, there may be an increased risk of injury in certain occupations that involve use of machinery or other tools. This should be discussed on an individual basis with your doctor.

THE PATIENT, THEREFORE, AGREES TO THE FOLLOWING:

1. Stop all other narcotic pain medications and other sedatives unless otherwise directed by the doctor.
2. Take the medication only as directed and call the office with any questions. I will not alter the prescribing method without prior approval of my provider.
3. To utilize only one pharmacy to obtain medication.
4. To not obtain, or seek to obtain, any other pain reliever or sedative medication from any other source or physician without first contacting the provider mentioned above.
5. To keep medications in a secure place to prevent loss or theft.
6. To never share the medications with any other individual under any circumstances.
7. Not to use any illegal drugs to include marijuana.
8. To return to see the provider on a regular basis as directed. I may be dismissed from clinic for not attending appointments as scheduled.
9. To inform the prescribing provider of any scheduled surgeries or other procedures so that arrangements can be made if needed to alter the dosage.
10. To notify the provider of any change in their medical condition even if being treated by another physician.
11. I will not hold the provider or any member of Consultant's in Pain Medicine liable for problems caused by the discontinuance of controlled substances should medication be abruptly stopped for violation of this agreement.
12. I agree to submit to random urine, mouth-swab, or blood screens to detect medication I am using and illegal substances.

