

## Opioid Pain Management Agreement

This agreement requires renewal 1 year from date of agreement

I, **Tootsie Test**, agree to correctly use pain medications prescribed for me as part of my treatment for chronic pain. I understand that these medications may not get rid of my pain but are intended to decrease the pain and increase the level of activity that I am able to do each day. If I do not experience improvement, these medications may be discontinued. The risks, include the risk of physical addiction, and benefits of pain treatment using controlled pain medications have been explained to me.

**My Designated Westside Provider:** Sample Provider, MD  
**My Pharmacy--Name/Location:**  
**Pharmacy Phone Number:**

I understand that my designated Westside provider will be the only provider who will be ordering medications for my chronic pain.

● **I understand that I have the following responsibilities:**

- I will take medications only at the amount and frequency prescribed.
- I will not increase or change how I take my medications without the approval of my designated provider.
- I will not ask for refills earlier than agreed. I will arrange for refills **ONLY** during regular office hours.
- I will make the necessary arrangements before holidays and weekends.
- I will keep my scheduled appointments and/or cancel my appointment a minimum of 24 hours prior to the appointment.
- I will get all pain medications only at one pharmacy (listed above). I will let my designated provider know if I change pharmacies.
- I will allow my designated provider to provide a copy of this agreement to my pharmacy.
- I will allow my designated provider to discuss all my medical conditions and treatment details with pharmacists, physicians, or other health care providers who provide my health care for purposes of care coordination.
- I will not ask for any pain medications or controlled substances from other providers and will let my designated provider know of all medications I am taking.
- I will inform my designated provider of any new medications or medical conditions.
- I will let my other health care providers know that I am taking these pain medications and that I have a pain management agreement. I understand that other providers should not change doses of my pain medications or prescribe me pain medications.
- In event of an emergency, I will give this same information to emergency department providers.
- I will not alter my prescription in any way.
- I will protect my prescriptions and medications. I understand that lost or misplaced prescriptions will not be replaced.
- I will keep all medications away from children.
- I will keep medications only for my own use and will not sell them or share them with others. (If my provider suspects I am abusing or selling my medication, this agreement will be terminated.)
- I will not use illegal or street drugs, or prescription medications not prescribed to me.
- I will consent to random drug screening. (A drug screen is a laboratory test in which a sample of my urine or blood is checked to see what drugs I have been taking.)
- If a blood test is required to verify a urine drug screen result, I will have to pay for this test.
- I will actively participate in any prescribed program designed to improve my function (including social, physical, psychological and daily or work activities). I agree to participate in psychiatric or psychological assessments, if necessary.

● **Informed Consent**

- I have been given a copy of "**Risks and Benefits of Opioid Medications for Treatment of Chronic Pain**".
- I understand that my provider is under no obligation to provide these medications to me and reserves the right to discontinue these medications at any time.
- I understand that my provider may discontinue these controlled medications:
  - if I violate this agreement in any way,
  - if I do not show any improvement in pain from opioids or my physical activity has not improved, or
  - if an addiction problem is identified as a result of prescribed treatment or any other addictive substance.
- I understand this agreement and have had all my questions answered satisfactorily.
- I consent to the use of opioids to help control my pain, and understand that my treatment with opioids will be carried out as described above.

Patient signature: \_\_\_\_\_

Patient name: Tootsie Test

Date: 08/28/2014

Provider signature:  \_\_\_\_\_

Provider name: Sample Provider, MD

# Risks and Benefits of Opioid Medications for Treatment of Chronic Pain

## Side effects of opioid medications

- Confusion or other change in thinking abilities
- Nausea
- Constipation
- Vomiting
- Problems with coordination or balance that may make it unsafe to operate dangerous equipment or motor vehicles
- Sleepiness or drowsiness
- Breathing too slowly - overdose can stop your breathing and lead to death
- Aggravation of depression
- Dry mouth

These side effects may be made worse if you mix opioids with other drugs, including alcohol.

## Risks

- Physical dependence: This means that abrupt stopping of the drug may lead to withdrawal symptoms characterized by one or more of the following:
  - Runny nose
  - Abdominal cramping
  - Rapid heart rate
  - Diarrhea
  - Sweating
  - Nervousness
  - Difficulty sleeping for several days
  - Goose bumps
- Psychological dependence: This means it is possible that stopping the drug will cause you to miss or crave it.
- Tolerance: This means you may need more and more drug to get the same effect.
- Addiction: A small percentage of patients may develop addiction problems based on genetic or other factors.
- Problems with pregnancy: If you are pregnant or contemplating pregnancy, discuss with your provider.

## Safety risks while working under the influence of opioids

You should be aware of potential side effects of opioids such as decreased reaction time, clouded judgment, drowsiness and tolerance. Also, you should know about the possible danger associated with the use of opioids while operating heavy equipment or driving.

## Potential benefits of opioids for chronic pain treatment

- Decrease in frequency of pain
- Decrease in intensity of pain
- Increase in the level of activity that you can do

## Recommendations to manage your medications

- Keep a diary of the pain medications you are taking, the medication dose, time of day you are taking them, their effectiveness and any side effects you may be having.
- Use a medication box that you can purchase at your pharmacy that is already divided in to the days of the week and times of the day so it is easier to remember when to take your medications.
- Take along only the amount of medicine you need when leaving home so there is less risk of losing all your medications at the same time.