



**PATIENT CONTRACT FOR PAIN CONTROL**

The pain you are currently experiencing may be helped with the use of narcotic pain medications. A doctor may prescribe appropriate narcotic medications for your specific type of pain. Narcotic pain medications may:

- a. Become ineffective with time.
- b. Become habit forming or cause addiction.
- c. Cause severe constipation that requires frequent use of laxative.
- d. Interfere with your ability to operate complex machinery. It is recommended that you not drive an automobile or operate such machinery as power tools while taking narcotic medications.

I understand that I have a chronic pain problem that currently requires the prescription for narcotic pain medication for relief of pain and to improve my functional ability. The risks, benefits and alternatives of medication have been discussed with me by the physician in detail, including but not limited to, drug dependency, respiratory depression, cardiovascular depression, liver and/or kidney damage, etc.

I will not take any illegal substances.

I will have my prescriptions filled only by my Pain Management doctor and/or my Primary Care Doctor at only one pharmacy and I will notify my Primary Care Physician of the name of the pharmacy if prescribed by Pain Management doctor.

I waive my right to privacy regarding these medication(s). My physician may contact any health care provider, legal authority, other doctors and or pharmacy to obtain or provide information about the patient's care.

I will take the medication(s) only as prescribed and will notify my physician if I do not. If necessary, I agree to random urine and blood tests to assess my compliance.

I understand that the eventual goal is to taper off the narcotic medication(s). I agree to meet regularly with my physician to assess my progress.

Federal and state law regulates dispensing narcotic medications. Forging or altering a narcotics prescription is a crime. Mandatory compliance by both the patient and physician is required. Failure to comply with all the laws regarding narcotic medications may result in criminal action being taken against you. We will notify also your insurance carrier.

Refills will not be given early for any reason. **PRESCRIPTIONS WILL ONLY BE GIVEN DURING REGULAR OFFICE HOURS AND WILL NOT BE GIVEN OR REFILLED BY THE PHYSICIAN DURING WEEKENDS.** No narcotics can be given over the telephone. **NO AFTER HOURS CALLS WILL BE ACCEPTED FOR THESE MEDICATIONS.**

An increase in your pain will NOT necessarily be a reason to increase your pain medication. Contact the doctor for an appointment if you feel a change in your medication is needed.

Eliminating or rescuing the use of your narcotic medications may be a treatment goal, and this may require hospitalization.

A psychological evaluation regarding addiction and drug dependency may be necessary for continuation of narcotics more than 3 (three) months.

Failure to follow these instructions may require the doctor to stop prescribing narcotic medications and recommend treatment in a psychiatric, substance abuse, or detoxification program. If this should occur, the doctor may still continue to manage your pain in other ways, such as with non-narcotic medications.

If I deviate from the above guidelines or if the medication loses its effectiveness in increasing my function ability, I understand that the narcotic may be tapered off by the physician. My signature at the bottom indicates my understanding and agreement with the above guidelines.

Your signature below indicates that you have read and understand these instructions and that you agree to comply with the terms of this agreement.

**PATIENT NAME (Print)** \_\_\_\_\_

**PATIENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

**Pharmacy Name:** \_\_\_\_\_ Pharmacy Phone No. \_\_\_\_\_