

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.

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 call my pharmacy 3 days before my pain medicine is supposed to run out.
- 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	Vomiting	Nausea	Itching	Depression
Addiction	Sleepiness	Difficulty with urination	Problems with sex	Trouble breathing
Constipation	Slower reflexes	Confusion	Dry mouth	Death

CAUSE FOR DISMISSAL FROM THIS CLINIC

- 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: _____

This agreement was developed by the San Diego County Medical Society Prescription Drug Abuse Medical Task Force, which includes the following medical community stakeholders:

LOGOS:

San Diego County Medical Society, Hospital Association of San Diego and Imperial Counties, San Diego County Health and Human Services Agency

Room for others to add logos for their use: San Diego County Dental Association, San Diego Psychiatric Association, Kaiser, Sharp, Scripps, UCSD, Community Clinics