

YOUR PRACTICE NAME HERE

Narcotic Treatment Agreement

To the doctor: Keep signed originals in your file; give a photocopy to the patient. Review at least every 6 months.

Patient Name: _____

Date: _____

Narcotic treatment ("Pain Medicine") for chronic pain is used to help with pain. It can also improve what you are able to do each day. Other medical care may also be needed to help improve your daily activities. This may include exercise, other medicine, physical therapy, counseling or other therapies or treatment. Work-related counseling may be provided to assist in your return to work effort.

_____ know that following these guidelines are important in continuing pain treatment with Dr. _____.

1. I know that I have these responsibilities:
 - a. I will take the right amount of pain medicine.
 - b. I will not take my pain medicine more often than this doctor tells me to.
 - c. I will not take more medicine or change medicine without the approval of this doctor.
 - d. I will go to Return To Work efforts and programs that will improve function including social, physical, psychological and daily or work activities.
 - e. I will not ask for pain medicine from other doctors.
 - f. I will tell this doctor about any medicine I am taking.
 - g. I will get all medicine from one pharmacy.
 - h. I will protect my medicine. Only one lost prescription or medication will be replaced in a calendar year. I will keep my medicine away from children.
 - i. I will take a psychiatric or psychological test if needed.
 - j. I will not use illegal or street drugs or alcohol. I may have to enter one of the following programs if I have an addiction problem:
 - 12-step program and securing a sponsor
 - Individual counseling
 - Inpatient or outpatient treatment
 - Other _____
2. I know that if I have an emergency, this doctor should be contacted. I will let my medical file be sent to the emergency doctor. No more than three (3) days of medicine may be given by the emergency room or other doctor without the doctor's approval.
3. I will take random drug tests. A drug test is when a sample of my urine or blood is checked to see what drugs I have been taking.
4. I will keep my appointments and/or cancel my appointment a minimum of 24 hours prior to the appointment.
5. I know that this doctor may stop giving me pain medicine or change the treatment plan if:
 - a. My pain does not get better or my physical activity does not get better
 - b. I do not follow the responsibilities listed in #1 above
 - c. I give, sell or misuse the medicine
 - d. I develop tolerance or loss of improvement from the medicine
 - e. I obtain pain medicine from another doctor
 - f. I refuse to take a drug screen
 - g. I have an addiction problem
 - h. I do not go to my appointments.

Safety Risks When Using Pain Medicine:

You should be aware of possible side effects of pain medicine. This can be slow reaction time, clouded judgment, and drowsiness. It is also not safe to use pain medicine using heavy equipment or driving.

Side Effects of Pain Medicine:

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

THESE SIDE EFFECTS MAY BE MADE WORSE IF YOU MIX PAIN MEDICINE WITH OTHER DRUGS, INCLUDING ALCOHOL.

Risks:

- Physical dependence: This means that if you stop taking your medicine all at once you may have feelings of withdrawal such as: runny nose, difficulty sleeping for several days, diarrhea, abdominal cramping, sweating, goose bumps, rapid heart rate, nervousness.
- Psychological dependence: This means that if you stop taking your medicine, you may miss or crave it.
- Tolerance: this means you may need more and more drug to get the same results.
- Addiction: This means that a percentage of patients may develop addiction problems based on genetic or other factors. The risk is small where medication is taken as prescribed for pain.
- Problems with pregnancy. This means that if you are pregnant or planning to become pregnant, discuss it with your doctor.

To Manage Your Pain Medicine:

- Write down the pain medicine you are taking. Write down the amount and time of day you are taking it. Write down if it is helping your pain and if you are having any side effects.
- Use a medicine box. You can purchase one at your pharmacy. This will divide the days of the week and times of the day. It will make it easy to remember when to take your medicine.
- Take along only the amount of medicine you need when leaving home. This will keep you from losing all your medicine at the same time.
- Store medication in a safe and secure place.

I have read this document and have had all my questions answered. I agree to use pain medicine to help control my pain.

Patient Signature **Date**

Doctor Signature **Date**