



Prescriber-Patient Agreement Opioid Treatment for Non-Terminal Pain

This agreement is designed to share information about the medications you will be taking for pain. It will also help you and your healthcare provider comply with controlled substance regulations. Your prescriber's goal is to improve your quality of life while balancing the risks of medication. The success of your treatment depends on trust, honesty and understanding how opioids are used.

You have agreed to use opioids (morphine-like drugs) as part of your treatment for pain. These drugs can be useful, but have high potential for misuse and are therefore closely regulated. Violation of any part of this agreement may result in this medication being discontinued, as well as termination of your relationship with your provider.

I agree to the following conditions:

- I am responsible for my **pain medications**.
- I will not increase the dose of my medication unless my provider says it is OK. I understand that lowering the dose or stopping my medication without my provider's approval can cause withdrawal.
- I understand that this opioid medication is strictly for me. This medication should **never** be given or sold to others because it may endanger that person's health and is also **against the law**.
- I will not request or accept a controlled substance medication from any other prescriber or individual while I am a patient at INhouse Primary Care.
- It is my responsibility to notify my healthcare provider of side effects that continue or are severe (i.e., sedation, confusion). I am also responsible for notifying my prescriber immediately if I need to visit another provider or need to visit an emergency room due to pain.
- I will inform my healthcare provider of all medications I am taking, including herbal remedies. Medications like Valium or Ativan, sedatives such as Soma, antihistamines like Benadryl, and cough syrups can interact with opioid medications and be dangerous.
- I will communicate fully with my prescriber about my pain level and my activities during my initial visits and during all follow-up visits.
- I will not use any illicit substances such as cocaine, marijuana, etc. while taking these medications.
- I understand that the use of alcohol together with opioid medications is dangerous and can lead to death.

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- I am responsible for my opioid medications. I understand that:
 - Refill prescriptions can be written for a maximum of one month's supply and will be filled at the same pharmacy.

Pharmacy: _____

Phone number: _____

- I am responsible for keeping my pain medications in a safe and secure place, such as a locked cabinet or safe. I am expected to protect my medications. If my medication is stolen, I will report this to my local police department and obtain a stolen item report. I will also report the stolen medication to my provider. If any medications are lost, misplaced or stolen, my provider may choose not to replace my medications.
- Refills will not be made as an "emergency". They will be made at planned visits, during regular business hours. **No** refills of any medications will be done during the evening or on the weekends.
- Refills can only be filled by a pharmacy in Indiana, even if I am a resident of another state.
- I must provide all medications prescribed by my healthcare provider in the original bottles at every visit.
- If it appears to my healthcare provider that there is no improvement in my daily function or quality of life from the controlled substance(s), my medicine may be discontinued.
- I agree and understand that my provider has the right to perform random mouth swab and/or urine drug screenings. If requested to provide a mouth swab and/or urine sample, I agree to cooperate. If I decide not to provide this sample, I understand that my provider may change my treatment plan. This might include safe discontinuation of my opioid medications or complete termination of our prescriber-patient relationship. The presence of a non-prescribed drug(s) or illicit drug(s) in my mouth swab and/or urine sample may cause termination of our relationship.
- I agree to allow my healthcare provider to contact any healthcare professional, family member, pharmacy, legal authority, or regulatory agency to obtain or provide information about my care or actions *if he or she feels it is necessary*.
- I understand that non-compliance with the above conditions may result in a re-evaluation of my treatment plan and discontinuation of my medication. I may be gradually taken off these medications, or even discharged from INhouse Primary Care.

I, _____, have read the above information or it was been read to me and all of my questions regarding the treatment of pain with opioids have been answered to my satisfaction. I hereby agree to participate in the opioid medication therapy and acknowledge that I have received this document.

Patient signature: _____ Date: _____

Prescriber's Signature: _____ Date: _____

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Chronic Pain Opioid Informed Consent

If you have any questions, please feel free to ask.

GOALS: There are two goals in the treatment of chronic pain: (1) lower pain; and (2) improved daily life functions. There are many possible treatments for chronic pain, and you should use all of them you can before and during a chronic opioid trial (physical therapy, yoga, massage, home daily exercise, meditation, relaxation techniques, injections, chiropractic manipulations, surgery, cognitive therapy, hypnosis, and many medications that are not addicting). Management of chronic pain can help, but it will not remove all of my pain and may not restore all my function.

NO GUARANTEES: Opioids are strong medicines and even opioids may not be good at lowering my pain. A good response will be a 20-40% decrease in pain. It is rare to receive more than that is opioids are used for over 4 months. The benefit you get from my opioid medicine should include increased activity and function. There is little scientific evidence that pain relief and benefit last more than 4 months after starting chronic opioids. Simply taking more may lead to more problems: addiction, sedation, falls, constipation, or overdose.

SIDE EFFECTS: Opioids can be used safely, but this requires honest communication and monitoring. Many bad things can happen when opioids are taken and some will result in stopping the medication.

Opioids can cause:

1. Constipation, nausea, vomiting, and slows stomach emptying
2. Sleepiness, lightheadedness, slows thinking, falls, and increases clumsiness. These side-effects impair the ability to drive or use equipment. You must be careful and tell your provider if you have these symptoms.
3. Problems breathing, sleep apnea, and reduced coughing. This is dangerous and very dangerous if you have lung disease.
4. Lowering of testosterone, loss of bone strength, loss of stamina and sex drive.
5. Unintentional overdose - increased 500% in Indiana during time of increased opioid use (about 10 years).
6. Critical pregnancy concerns and neonatal abstinence syndrome - You should discuss with your provider any plans to become pregnant and report any pregnancy as soon as possible. This is very important for the mother's and baby's health.

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7. Increased risk of addictions and abuse - Addiction can happen even if started for valid pain use.

8. Many interactions with alcohol, Xanax/Valium/Klonopin - like medications can occur. These interactions are especially dangerous if you have lung disease. They can cause you to "black-out" and even overdose. Taking opioids with these medications should be strongly avoided.

9. An increase in your pain called hyperalgesia is possible. Opioids can change your brain and nerves in a way that causes you more pain and more trouble getting pain relief.

10. Dependence-withdrawal symptoms can occur if you miss a dose or run out of medication from over-taking. This is very uncomfortable and may include an uneasy feeling, increased pain, irritability, belly pain, diarrhea, sweats and goose-flesh.

AGREEMENT: I have read the above and have had all my questions answered. I know that chronic pain can be managed with many types of treatments. A chronic opioid trial may be part of my treatment, but I must be an active participant in my care. Opioid medication is only one part of my pain management. There is limited scientific data to suggest that using opioids for over 4 months will lower my pain or improve my daily function. There is some scientific information that suggests using chronic opioids can increase my pain, make me feel less well, and increase my risk of unintentional death directly related to the opioid medication. I know that if my provider feels my risk from opioids is greater than my benefit, I will have my opioids compassionately lowered or removed altogether.

I further agree to allow this office to contact family or friends if there are concerns about my safety and use of the opioid medications.

Patient: _____

Date: _____

Witness: _____

Date: _____

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