

Patient Name: _____

Patient DOB: _____

OPIATE TREATMENT CONSENT AND AGREEMENT

1. Physician must be informed of all medications (prescription, over the counter, alternative/herbal, other substances) patient is taking.
2. Patient is not allowed to obtain same or similar medications prescribed by physician from another source without permission. A prescriber-lock will be implemented to ensure this agreement.
3. Patient is not allowed to change, alter or modify in any way the amount and schedule of medications prescribed by physician without permission except when a medication is causing problems, in which case the medication needs to be stopped and the physician needs to be contacted.
4. All prescriptions and medications must be protected from loss, theft and damage. No controlled substance prescriptions (narcotics) will be replaced by this office for any reason.
5. All requests for refills must be received **AT LEAST ONE WEEK** before medication runs out.
6. SCHEDULE II medications (Morphine, Fentanyl, Dilaudid, Oxycodone, Methadone, Hydrocodone, etc.) cannot be prescribed over the telephone. The prescriptions **MUST** be obtained by office visits and an appointment will be necessary for all schedule II medication refills.
MEDICAL BOARD OF CALIFORNIA STATES THAT "...PHYSICIANS MUST SEE THEIR PATIENTS EACH TIME A PRESCRIPTION FOR A SCHEDULE II DRUG IS WRITTEN".
7. No refills will be given if the patient runs out of medication early. No ifs, ands, or buts.
8. Non-compliance or violation of this contract constitutes grounds for discontinuation of prescription and possible discharge from care.
9. Drinking of alcohol and use of other illicit drugs while taking medications is not allowed unless specifically permitted by the physician. Medications cannot be taken in any other manner other than that prescribed.
10. Patient understands that there are other physicians in the community for pain management. Patient may choose to terminate relationship with physician at any time if he /she feels his/her needs are not being met. A list of other physicians in the community is available on request.
11. Inappropriate or threatening behavior towards physician or staff will not be tolerated. These behaviors will be reported to proper authorities and will be cause for termination of care.
12. Patients may be subject to random urine testing to insure compliance with medication regimen as well as check for concurrent use of illicit drugs.

OPIATE SAFETY

Your doctor wants you to know that, as with the use of any medication, there are potential side effects and risks. Read and follow the warnings on your prescription bottle.

Possible side effects of opiates:

Nausea, dry mouth, vomiting, constipation, confusion, breathing too slowly, rash, itching, problems with coordination, drowsiness, aggravation of depression, other.

Possible risks of opiates:

Physical dependence, Psychological dependence/addiction and tolerance.

I have carefully read the above and I fully understand the conditions listed in this contract. I accept fully the terms of this contract. I realize that if I fail to comply by the terms of this contract, I may be discharged from the pain program.

Patient's signature: _____ Date _____

Physician's signature: _____ Date _____