



Patient Controlled Substances Agreement

Patient Name: _____ Date: _____

Failure to comply with these guidelines will result in termination of treatment and your prescriptions will be revoked.

You agree not to ask or to receive pain medication from any other physician. Refusal to comply with this will result in discharge from Universal Medicine. Only your pain doctor will prescribe controlled substance medications for you.

You agree to keep all scheduled appointments, not just with your physician, but also with recommended therapists and psychological counselors. Three or more missed appointments or same day cancellations will lead to patient dismissal.

No prescriptions will be refilled if you lose, destroy, or have any of your medication stolen. You agree to keep all controlled substance medications locked up and in a safe place. A written explanation is required for all thefts and lost medications, plus a police report for all thefts.

All prescriptions are written for a 30-day supply. No prescriptions will be refilled early. You will follow up every 30 days for evaluation by your physician while being prescribed controlled substances. Prescriptions will not be written greater than 7 days in advance.

You agree to random urine drug screenings. Any patient who refuses testing will not receive treatment and may be discharged. Positive tests for any illegal substances, or controlled substances not prescribed by your pain doctor, will result in your discontinuing of controlled substances and referral elsewhere or substance evaluation and management.

Prescriptions for controlled substances are issued only during appointments. They will not be mailed or left for patients to pick up or called in to your pharmacy.

You will only use one pharmacy for refilling controlled substances. Should the need arise to change pharmacies, our office must be notified.

Any unused medication must be returned to Universal Medicine. Prescriptions for different controlled substances will not be issued until remaining medication are accounted for.

No medication adjustments are permitted without prior approval from your physician. Development of another painful condition does not justify increased use of your medication without permission from Universal Medicine. Controlled substances will NOT be refilled early due to misuse.

You agree not to share or sell your medications. You acknowledge that we will contact Drug Enforcement Agency and or the Police if you violate the Federal Law regarding controlled substance medications.

You agree to comply fully with all aspects of your treatment program including behavioral medicine (psychology/psychiatry) and physical therapy, if recommended. Failure to do so may lead to discontinuation of your medication and referral to another provider or treatment center.

Successful pain management entails employing multiple interventions, including active participation in regular physical exercise, appropriate procedures, other treatment options and the use of psychological coping strategies.

A pattern of passive reliance on medications, resistance to more physical treatments, and repeated failure to demonstrate the implementation of psychologically based coping strategies that have been taught to you may lead to discontinuation of medications and/or referral to another provider or treatment center.

Disruptive, threatening or violent behavior, and persistent noncompliance with the prescribed pain treatment plan will lead to patient dismissal from our practice.

We understand that emergencies can occur and under some circumstances, exceptions to these guidelines may be made. Emergencies will be considered on an individual basis.

ACKNOWLEDGEMENT OF OPIOID WARNINGS AND SIDE EFFECTS

Opioids may cause drowsiness that can be worsened with alcohol, benzodiazepines, and other sedating medications. **We absolutely do not recommend driving an automobile or operating machinery while taking any opioid medication because they may alter judgment resulting in serious injury or death to you or anyone involved in an accident with you.** Furthermore, an overdose caused by opioids can cause severe side effects, such as respirator depression and even death. Opioids can alter hormonal levels leading to impotence, changes in personality and behavior, lowering of bone strength and increase tooth decay. Other common, usually temporary, side effects include nausea, itching, and sweating. Psychological depression and lowered testosterone levels may also occur. Sleep apnea, if present, may be worsened by opioids. Constipation commonly occurs, and often does not improve with time. It is impossible to predict side effects in any individual patient. Having side effects on one opioid does not necessarily mean there will be side effects on another opioid.

You must take opioids only as directed. Federal law prohibits giving this medication to anyone else. Physical dependence will develop with regular use, but does not by itself indicate addiction; this means that a withdrawal syndrome will develop if you stop your medication abruptly. Tolerance may develop to the pain relieving effects of opioids; this means that the relief may decrease over time, but in chronic pain states this usually occurs slowly, if at all. Not all pain conditions respond to opioids. Some pain may only be particularly responsive to opioid therapy. Total elimination of pain is an unrealistic goal. Escalating dosages may indicate that opioids are not effective or that there is an underlying problem with addiction or psychological dependence. Discontinuation of opioid medications may need to be done under these circumstances: not enough pain relief, persistent side effects, not achieving goals of opioid treatment (such as improvement in function), problematic does escalation, or inability to comply with the treatment agreement.

I, the undersigned, agree to follow these guidelines that have been fully explained to me. All of my questions and concerns regarding treatment have been adequately answered. I give permission to my pain doctor to contact any of my other healthcare providers, for the purposes of sharing information concerning my situation, as is deemed necessary for coordinated, high quality care. If I do not follow these guidelines fully, my doctor may taper and stop opioid treatment and refer me elsewhere for care.

A copy of this document has been given to me.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Doctor Signature: _____ Date: _____

Pharmacy and PCP information must be completed

Name of Pharmacy:

Name of Primary Care Physician:

Address:

Address:

Phone Number:

Phone Number: