

OPIOID AGREEMENT

Opioids (narcotics) are used to treat moderate to severe pain. Our goal is to control your pain with the minimum possible drug side effects and an improved quality of life. It is our job to keep track of the pain you are feeling and treat your pain appropriately.

You will receive a copy of the following agreement.

I, _____, understand that I need to follow the guidelines below to receive pain treatment with opioids by the Pain & Wellness Clinic.

1. I will provide a list of all medications I am taking: prescriptions, over-the-counter, unprescribed medications.
2. I will take medications only at the dose and frequency prescribed.
3. I will take no other opioid medications unless prescribed by my Pain & Wellness Clinic physician.
4. No increases in medications will be made without prior approval from the Pain & Wellness Clinic physician.
5. I will only ask for the medications for pain from the Pain & Wellness Clinic physician.
6. I will use only one pharmacy to fill my prescriptions from the Pain & Wellness Clinic.
7. I will keep my scheduled appointments. If I need to cancel an appointment, I will give a minimum of 24-hour notice.
8. I will consent to random drug screens. I understand I may have to pay for the test if not covered by my insurance.
9. I understand that pain medications may be stopped if one of the following occurs:
 - The caregiver feels that opioids are not helping to relieve my pain or my ability to function has not improved.
 - The treatments fail to be effective.
 - I develop side effects that are of concern to the caregiver.
 - I give, sell or misuse the drugs.
 - I obtain opioids from sources other than the Pain & Wellness Clinic.
 - I refuse to consent to a random drug screen.
10. If we choose to stop your opioids, we will lower the dose slowly over several days.
11. An important part of your pain-management plan may include non-drug treatment. If I do not follow through with all parts of the treatment plan, my opioid therapy will be reevaluated.
12. I will protect my prescriptions and medications. Only one lost prescription or lost medication will be replaced in a single year. Any further losses will result in re-evaluation of my treatment and may include stopping my care at the Pain & Wellness Clinic.
13. I will return unused opioid medications to the Pain & Wellness Clinic for disposal.
14. If I have questions or concerns about my pain management, I will discuss in person with the Pain & Wellness Clinic physician during regular office hours. For medication refills, I will call (913) 888- 5198. **Call in request for a refill at least three working days before your last dose of medicine. Medications (including opioids) will not be refilled after office hours, weekends or holidays.**

Patient Signature: _____ **Date** _____

Physician Signature: _____ **Date** _____