

**AGREEMENT FOR PRESCRIBING OF NARCOTICS  
FOR CHRONIC BENIGN PAIN**

The following agreement between **Dr. Stephanie Jones** and the patient, \_\_\_\_\_, outlines the duties and expectations of each party unless written notice is given by either party to cancel or amend said agreement.

\_\_\_\_\_, hereafter, referred to as patient and **Dr. Jones**, hereafter, referred to as Doctor; agree that the patient suffers from chronic pain which has not been relieved by other pain control methods and deserves a trial, and possibly long term use of narcotics/opiate medications. The doctor agrees to provide prescriptions for the patient in a medically appropriate manner according to his/her judgment and training as well as what is considered usual and customary practice for specialty of pain management. The goal of narcotic analgesic use is not only to decrease pain but also to improve function. The level of function will vary individually. It may be expected for the patient to participate in a functional restoration program including physical and psychological care as prescribe by the doctor. If the patient makes no effort to improve function, the medication may be discontinued.

The patient understands that the chronic narcotics use may result in several problems including:

1. TOLERANCE – the need to increase medication dosage to maintain relief, and it is possible that eventually there may be a need to discontinue the medication due to failure to obtain relief at dosages without side effects.
2. PHYSICAL DEPENDENCE – this means the body undergoes changes when exposed to long-term narcotics/opiate use, which may result in a withdrawal syndrome if abruptly discontinued.
3. ADDICTION – this term does not apply to the patient simply taking these medications regularly for pain relief. However, it is possible to start taking them only for psychological affects (such as euphoria) and taking them in a compulsive manner to the detriment of the patient’s well-being, i.e., addiction is a behavior and this potential behavior will be monitored by the prescribing physician.
4. OVERDOSE – these medications can cause severe sedation and possibly death from depression of breathing, circulatory failure, or fluid in the lungs.
5. COMMON SIDE EFFECTS – nausea, impotence, difficulty urinating, confusion, constipation, decreased libido, sedation, swelling, sweating, weight gain, and itching.
6. LOSS OF MEDICATION FROM THEFT – it is possible due to the “street value” of these medications to certain individuals. Medications will be refilled only at the discretion of the prescribing physician. Also, a report should be filed with the insurance company and/or police department.
7. LOSS OF MEDICATIONS BY LOSS, DAMAGE, OR CONTAMINATION – repetitive losses may be construed as non-acceptable behavior and result in cessation or discontinuance of medication.
8. LACK OF ANALGESIC AFFECT – some pain is not relieved by opiates and the patient may continue to experience pain regardless of the amount of drug taken. If this occurs, the doctor will wean and discontinue the medication and use another form of therapy.

Please note: Narcotic/opiate medications may cause drowsiness and sedation in some patients. It is recommended that people taking these medications not operate a motor vehicle or machinery. Also, there may be an increased risk of injury in certain occupations that involve use of machinery or other tools. This should be discussed on an individual basis with your doctor.

THE PATIENT THEREFORE, AGREES TO THE FOLLOWING:

1. To stop all other narcotics, pain medications, and other sedatives unless otherwise directed by the doctor.
2. To take the medication only as directed and call the doctor or the office nurse with any questions to discuss altering the dosage.
3. To utilize only one pharmacy to obtain the medication.
4. To not obtain or seek to obtain any other pain reliever or sedative medication from any other source or physician without first contacting the doctor mentioned above.
5. To keep medications in a secure place, to prevent loss, theft, or accidental ingestion by other individuals (children).
6. To never share the medication with any other individual no matter what the reason.
7. To take the medication in a time contingent manner or as discussed by your physician.
8. To return to see the physician on a regular basis as directed.
9. To inform the prescribing physician of any scheduled surgeries or other procedures so that arrangements can be made if needed to alter the dosage.
10. To notify the office during office hours at least two to three days in advance before running out of medication so that appropriate refills can be made.
11. To see a psychologist or psychiatrist as directed by the above-mentioned doctor if so requested and follow-up is indicated. I also recognize that my active participate in the management of my pain is extremely important. I agree to actively participate in all aspects of the pain management program to secure increased function and improve coping with my condition.
12. To notify the pain management physician of any change in my medical condition even if being treated by another physician.
13. I will not hold the physician or any member of Consultants in Pain Medicine liable for problems caused by the discontinuance of the controlled substances, provided that I received 30-days notice of termination.
14. I agree to submit to random urine and blood screens to detect the use of non-prescribed medication or illicit drugs at anytime, possibly at my own expense.
15. I agree to come in on short notice for random pill counts to help assure the medication is not being diverted.

PLEASE NOTE:

1. The doctor will not fill the prescription more than two to three days prior to its due date.
2. If the medications are taken in a manner other than prescribed, the doctor reserves the right to refuse to refill the prescription.

3. Medications which are lost, stolen, etc., may not be refilled early. Should the patient fail to fulfill any of the above listed obligations, the doctor reserves the right to not refill the prescription.
4. As previously mentioned, these medications have the potential for theft. It is strongly advised that neither you nor your immediate family discuss this medication with other relations, friends, or neighbors.
5. Medications will not be filled after hours, on weekends, or on holidays. It is the responsibility of the patient to keep up with their medications and the amount remaining. The office should be notified at 72-hours in advance before refill is due if the patient is not scheduled for an office visit prior to the time of running out of medication. Calls for refills can be made on Monday through Thursday, 9:00 a.m. to 4:00 p.m. at 210-805-8225.

By signing this document, the patient and doctor agree to the above terms for long-term narcotic/opiate prescription and use.

\_\_\_\_\_  
PATIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE