

Controlled Substance Agreement

Name:

DOB:

Part I: Background and Goals

This agreement is to establish goals for treatment with opioids so that we can balance pain management with safety concerns. The goals of this treatment are to improve your quality of life and ability to function in your daily activities. If these goals are not met, or if the side effects outweigh the benefits, my clinician will stop this treatment and look for alternatives.

Part II: Risks of Treatment

____ I have received a copy of "Opioids: What you need to know," and I have read it and understand the risks and side effects of opioid treatment.

Part III: Clinic policies

A. Dose adjustment policy

- ____ 1. Only my clinician will prescribe opioids for me. I will not accept an opioid prescription at any other clinic or from any other clinician.
- ____ 2. I will not increase my dose without prior permission from my clinician.
- ____ 3. If I develop a new condition that increases my pain, I will contact my clinician to work out a plan in advance.
- ____ 4. In case of emergency (accident/illness), I will contact my clinician within 24 hours.

B. Prescription pickup policy

- ____ 1. I will pick up my prescription at specific dates and times, without exceptions.
- ____ 2. I will not call for refills after hours or on weekends/holidays. I will not page for refills.
- ____ 3. I will call xxx-xxx-xxxx for refills at least 2 business days in advance. I will leave a complete message with my first and last name, date of birth, phone number, and name of medication, and the date I will pick up the prescriptions.
- ____ 4. If I cannot pick up my prescription, my authorized representative is _____, who will bring a photo ID each time.
- ____ 5. I will treat all staff members with respect and courtesy. I will work with the practice manager to help resolve any problems.

C. Medication safety policy

- ____ 1. I do not have a current problem with recreational/street/illegal drugs, alcohol dependence, or prescription medication misuse.
- ____ 2. I have discussed past problems with addiction/dependence with my clinician.
- ____ 3. I will not use any recreational/street/illegal drugs while under treatment with opioids, including marijuana.
- ____ 4. I will not lend, share, or sell these pills to anyone else.
- ____ 5. If I have leftover pills, I will bring them to the clinic for safe disposal.
- ____ 6. I will keep my medications in a safe, secure place to avoid lost and stolen pills.
- ____ 7. I know I cannot receive early refills for any reason, even if my pills are lost or stolen; if I disposed of the pills myself; or if I increased the dose without prior agreement. If I am traveling, I understand I will have to discuss this with my insurance.
- ____ 8. I agree to periodic testing of blood and/or urine for medications and other substances.
- ____ 9. I agree to bring all my pills on any day my prescribing clinician requests this.

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D. Pharmacy information

- _____ 1. I understand that my clinician will check prescription filling information and be in touch with my pharmacy.
- _____ 2. I will use only one pharmacy to fill this prescription:
Pharmacy: _____
Address: _____
City: _____

E. Comprehensive treatment policy

- _____ 1. I will come on time to all of my appointments at the clinic. I will call 48 hours in advance if I need to reschedule.
- _____ 2. I will see my clinician regularly to monitor my condition, as often as every 1-3 months, or twice per year at a minimum.
- _____ 3. I will actively participate in a comprehensive pain management plan that may include visits with the following types of care professionals:
- Physical therapy
 - Social work, psychology, or psychiatry
 - Pain specialist
 - Other specialists
- _____ 4. I agree to allow my clinician to communicate with any other healthcare provider regarding my use of opioids.

F. Mutual agreement policy

- _____ 1. I have read this agreement and understand it.
- _____ 2. I have had the chance to ask any questions and have received satisfactory answers.
- _____ 3. I agree to a trial of opioids to help manage my pain. I understand the potential risks, benefits, and alternatives to this treatment.
- _____ 4. I understand that if any of the conditions in this agreement are not met, including lack of improvement in my ability to function or quality of life, or worsening of my pain, an opioid may not be the right medication for me. My team may taper and stop this medication with or without my permission. If this happens, I understand that my clinician will look for other options for pain management.

Patient's signature: _____ Date: _____

Patient's name _____

I have discussed the risks, benefits, and alternatives of opioid treatment with this patient. We reviewed the terms of this agreement together, and I have answered all questions.

Clinician's signature: _____ Date: _____

Clinician's name _____

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Opioids: What You Need to Know

What are opioids?

Opioids (oh-pee-oids) are prescription pain medicines used to treat moderate to severe pain. These medicines work best when they are used for a short time in low doses. Because these medicines may be abused, they are designated as “narcotics” and are subject to laws that restrict their prescribing, dispensing possession and use.

What is the problem with opioids?

Used the right way, these medicines can help control pain and let you keep doing the things you need to do. However, when you use them every day for more than a couple of weeks, you can become dependent on them. Then you may feel that you need to take more medicine to get the same pain control. This can cause serious problems, including the development of a drug abuse or addiction disorder and the dangers of an overdose. It also means stopping these medications suddenly may cause withdrawal symptoms, including diarrhea, nausea, vomiting, abdominal pain/cramping, anxiety, runny nose, and goosebumps.

It is always a good idea to find other ways to relieve your pain even while you are using opioids. This will help you use lower doses of opioids or take them less often. Some other ways to relieve pain might include:

- Over-the-counter pain relievers such as aspirin, acetaminophen (Tylenol) or ibuprofen (Advil or Motrin).
- Other prescription medicines your doctor may recommend.
- Physical exercises such as yoga or gentle stretching.
- Relaxation techniques such as meditation or visualization.

What do I need to know to take this medicine safely?

These drugs carry a high risk of harm to you and others around you; and thus safety precautions must be taken, including:

- Take medicines exactly as prescribed.
- Do not take the medicine more frequently than instructed
- Do not take more medicine than instructed
- Call your doctor if you would like to change how and when you take your pain medicine.
- Call your doctor if the medicine is not taking your pain away, or if the medicine is making you throw up or feel very sleepy.

Are there special rules for filling opioid prescriptions?

There are state laws and hospital policies that cover the way opioids are prescribed and dispensed, including:

- You must pick up your prescription in person and own the pharmacist your ID.
- You must plan ahead when you need to ask your doctor for a refill. Doctors are unable to refill prescriptions at night and on weekends.
- You must fill the prescription your doctor gives you in a timely fashion.
- You must see your doctor regularly while you are being prescribed these medicines.

Do these pain medicines have side effects?

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Constipation is the side effect most people complain about. To avoid this problem, start drinking more water and eating more fiber as soon as you start your pain medicine.

- Try to drink 6 to 8 glasses of water a day.
- Eat more fruits, vegetables and other high-fiber foods every day.
- If you do these things and still have trouble with constipation, your doctor or nurse may recommend a fiber supplement, a stool softener or a laxative.

Some people may also develop nausea or vomiting with opioids. Sleepiness, problems with coordination, and trouble thinking clearly are common effects of these medications. Taking too much of these medicines can cause breathing to slow down, and will eventually cause death. Other reported side effects include depression, trouble urinating, and decreased sexual function.

Opioids carry serious risks during pregnancy, including addiction in newborns.

Are there other things I need to know about taking opioid pain medicines?

- Do not drink alcohol while you are taking these pain medicines.
- When taking opioids, alcohol, sedatives or anti-anxiety medicines can cause dangerous levels of sleepiness or serious breathing problems.
- It is unsafe to drive or operate equipment while you have opioids in your system, since they make you drowsy and slow down your responses.
- Do not give opioid pain medicine to anyone else.
- Always lock your opioid medicines in a safe place, and keep them away from children.

Why is it so important to be careful when taking pain medicines?

- Some patients find that they crave the medication, and feel that they can't get enough of it. They may take more than what is prescribed and become irritable with family members or health professionals who attempt to place controls on their drug use. This may signal the development of an addiction disorder that occurs in as many as 20% of people exposed to opioids for more than a month.

It's also important to know that:

- Opioids do not work in the same way for everyone.
- You can develop a tolerance to opioids so that the dose that used to help you doesn't relieve your pain anymore.
- There is a chance that opioids will not work for you and could make your pain worse instead of better.