

PATIENT MEDICATION MANAGEMENT AGREEMENT

The purpose of this agreement is to give you information about the medications you will be taking for pain management and to assure that you and Dr. Bourn/Patel comply with all state and federal regulations concerning the prescribing of controlled substances. A trial of opioid therapy can be considered for moderate to severe pain with the intent of reducing pain and increasing function. This needs to be seen as a trial and not a permanent part of ongoing care. The physician's goal is for you to have the best function possible given the reality of your clinical condition and inherent safety concerns. The success of treatment depends on mutual trust and honesty in the physician/patient relationship and full agreement and understanding of the risks and benefits of using opioids to treat pain. Opiate therapy is reserved as a last resort option and **patients are expected to be actively involved and participating in all parts of the treatment plan.**____

1. You understand that the prescribing and managing of medications, doses and schedules are solely based on medical decisions made by your pain physician with the information available to them. Decisions to change dosing schedules, discontinue, increase or decrease medications are medical decisions your doctors will make. Your pain doctor has no obligation to continue opioids if they are not effective, have intolerable side effects or are felt to present a larger risk than benefit.
2. You will use only Dr.Bourn /Dr.Patel to prescribe and monitor all opioid medications and adjunctive analgesics. You agree not to ask for opioid medications or fill prescriptions for opioid medications written by any other doctor, emergency room or hospital without the knowledge and assent of your pain doctor.
3. You agree to keep all scheduled appointments, not just with Dr. Bourn/Dr.Patel, but also with recommended therapists and psychological counselors. Three or more missed appointments or same day cancellations may lead to **discontinuation of the physician/patient relationship.**
4. You agree to provide regular samples for urine drug screens. Positive test results for any illegal substances, or opioids not prescribed by your pain doctor, will result in **discontinuation of opiate therapy** and referral for substance abuse evaluation and management. Illegal activity will be reported to law enforcement.

5. You will use **one pharmacy** to obtain all opioid prescriptions and adjunctive analgesics prescribed by **Dr. Bourn/Dr. Patel**.

Pharmacy _____ Phone Number _____

6. **No prescriptions will be refilled early.**
7. **No prescriptions will be refilled if you lose, destroy, or have any of your medication stolen.**
8. **You are responsible for keeping your pain medication in a safe and secure place, such as a locked cabinet or safe. You are expected to protect your medications from loss or theft. Stolen medications should be reported to the police and to your physician immediately.**
9. **You may not give or sell your medications to any other person under any circumstances. If you do, you may endanger that person's health. It is also against the law.**
10. **Any evidence of drug hoarding, unauthorized dose escalation or reduction, failure to follow the plan of care or other unsafe actions will result in discontinuation of opioids.**
11. **You will communicate fully to your physician to the best of your ability at the initial and all follow-up visits your pain level and functional activity along with any side effects of the medications. This information allows your physician to adjust your treatment plan accordingly.**
12. **You will not use any illicit substances, such as cocaine, marijuana, etc. while taking these medications. This may result in a change to your treatment plan, including safe discontinuation of your opioid medications when applicable or complete termination of the doctor/patient relationship.**

13. The use of alcohol and opioid medications is contraindicated.
14. Prescription refills will be authorized only during regular office hours.
15. You agree to comply fully with all aspect of your treatment program including behavioral medicine (psychology/psychiatry) and physical therapy, if recommended. Failure to do so may lead to discontinuation of opioid medication and referral to another provider or treatment center.
16. You should inform your physician of all medications you are taking, including herbal remedies, since opioid medications can interact with over-the-counter medications and other prescribed medications, especially cough syrup that contains alcohol, codeine or hydrocodone.
17. You agree to a family conference or a conference with a close friend or significant other if Dr. Bourn/Dr. Patel feels it necessary.

Informed Consent for Long term Opiate use

The use of chronic opioid therapy has not been established as a safe or effective medical treatment for all patients or conditions. This needs to be viewed as an elective therapy that is potentially lethal or harmful.____

Opioids may cause drowsiness that can be worsened with alcohol, benzodiazepines, and other sedating medications. Use care when driving or operating machinery. Do not drive or operate machinery within a week of any dosage or medication schedule changes.____

Common 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 opiod side effects in any individual patient. Sedation, breathing difficulty, loss of consciousness and death can occur.

Not all pain conditions respond to opioids. Some pain may only be partially responsive to opiod therapy. Total elimination of pain is an unrealistic goal. Escalating doses may indicate that opioids are not effective or that there is an underlying problem with addiction/physical dependence. Discontinuation of opiod medications may need to be done under these circumstances.

Physical dependence and/or tolerance can occur with the use of opiod medications.

Physical dependence means that if the opioid medication is abruptly stopped or not taken as directed, a withdrawal symptom can occur. This is a normal physiological response. The withdrawal symptoms can include, but not exclusively, sweating, nervousness, abdominal cramps, diarrhea, goose bumps and alterations in one's mood.

It should be noted that physical dependence does not equal addiction. Addiction is a primary, chronic neurobiological disease. It is characterized by behavior that includes one or more of the following: impaired control over drug use, compulsive use, continued use despite harm and cravings. This means the drug decreases one's quality of life. Your pain physicians will address this with you if this disease is suspected.

Tolerance is a state of adaptation in which exposure to the drug induces changes that result in diminution of one or more of the drug's effects over time. The dose of the opioid may have to be titrated up or down to a dose that produces maximum function and a realistic decrease of the patient's pain. This decision is the discretion of the physician.

I, the undersigned, agree to follow these guidelines that have been fully explained to me. I understand the purpose of this agreement is to help assure safe, effective and legal use of opioids. All of my questions and concerns about treatment have been adequately answered.____

I give permission to Dr. Bourn/Dr.Patel to contact my other healthcare providers, for the purpose of sharing information concerning my situation, as deemed necessary for coordinated, high quality care.

If I do not follow these guidelines fully, Dr. Bourn/Dr.Patel may taper and stop opioid treatment.____

I have been given a copy of this document.____

Patient signature: _____

Date: _____

Witness signature: _____

Date: _____