

# Informed Consent and Agreement for Opioid Therapy of Pain

Pain relief is an important goal for your care. Opioid medications may be a helpful part of chronic pain treatment for some people; however, misuse of opioid medications may result in serious harm to patients prescribed them and, when the medications are diverted, to the public at large. As opioid use for pain management has increased in recent years, injury, addiction, and death due to misuse of opioids have also increased.

#### Potential Risks or Side Effects of Opioid Treatment

<u>Physical Side Effects</u> - May include mood changes, drowsiness, nausea, constipation, urination difficulties, depressed breathing, itching, bone thinning and sexual difficulties such as lowering of male hormone in men and cessation of menstrual periods in women.

<u>Tolerance</u> - A dose of an opioid may become less effective over time even though there is no change in your physical condition. If this happens repeatedly your medication may need to be changed or discontinued.

Addiction - Is more common in people with personal or family history of addiction, but can occur in anyone.

<u>Hyperalgesia</u> - Increased sensitivity to and/or increasing experience of pain caused by the use of opioids may require change or discontinuation of medication.

Overdose - Taking more than the prescribed amount of medication or using with alcohol or other drugs can cause you to stop breathing resulting in coma, brain damage, or even death.

### Responsibilities in Opioid Therapy of Chronic Pain

Your responsibilities: In order to maximize the potential benefit of opioid medications and to minimize the potential risks, it is important that you accept the following responsibility. In signing this consent, you

#### Agree to:

- \*Use your opioid medications as prescribed for the purpose of relieving pain.
- \*Keep your medications locked up to avoid intentional or unintentional use or diversion by others.
- \*Discard all unused medications.
- \*Be honest with your providers about your medications or other drug use.
- \*Use no illegal drugs, alcohol, or benzodiazepines, while being prescribed opioids.
- \*Do NOT share, sell, trade or in any way provide your medications to others.
- \*Receive opioid medication from this practice only. If opioids are prescribed unexpectedly by another office (For example: Due to an accident or dental procedure), inform this office within 24 hours.
- \*Fill your opioid medications at one pharmacy only. Inform this practice within 24 hours if you must use a pharmacy different from your usual one.
- \*Have urine tests on a regular basis and as requested by your provider.
- \*Opioid may be discontinued if illicit drugs are found or medication is not present when it should be.
- \*Bring your opioid medications to the practice when requested.
- \*Participate in other pain treatments agreed to with your provider.
- \*Keep all appointments scheduled for your care.

Medications may be discontinued if your treatment plan is not met, if you experience any negative effects from using them, or if you do not abide by this agreement. If you develop complications of opioid use, such as addiction, we will assist you in finding treatment. Please be aware, however, that our practice cooperates fully with law enforcement, the US Drug Enforcement Agency and other agencies in the investigation of opioid-related crimes including sharing, selling, trading or other potential harmful use of these powerful medications. I also understand that in order to receive a medication or a medication refill, I may be required to see a Physician in the office before this prescription request can be filled.

## \*Pharmacy Information\*

While under the care of Crescent Pain Relief I understand that I am <u>required</u> to fill *ALL* prescriptions at *ONE* pharmacy during the course of my entire treatment plan.

I have reviewed this document and been given the opportunity to have any questions answered. I understand the possible benefits and risks of opioid medications and accept the responsibilities described above.

Patient Signature:		
Patient Name:	-	