

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Pain Management Agreement

The purpose of this agreement is to give you information about the medications you will be taking for pain management and to ensure that you and your physician comply with all state and federal regulations concerning the prescribing of controlled substances. Medications are intended to help reduce pain, no medication will remedy pain entirely.

1. Pain medication prescriptions are obtained from our office only.
  - Exception: If you have a surgery with another provider, dental or otherwise (i.e. directed to the emergency room) that physician may prescribe pain medicine as they deem necessary.
2. Only use **one** pharmacy, if there is a change in pharmacies you must notify us.
3. Inform your physician of all medical conditions and medications you're taking, including herbal remedies, over the counter medications and other prescribed medication.
4. You agree to allow your physician to contact any healthcare professional, family member, pharmacy, legal authority, or regulatory agency to obtain or provide information about your care or actions if the physician deems it necessary.
5. Regular appointments will be made and will receive prescriptions for enough medication to last from appointment to appointment.
6. It is against the law to give or sell your medications to any other person.
7. Prescribed medications must be taken strictly as ordered.
8. You're responsible for keeping your pain medication in a safe and secure place. Lost or stolen medication should be reported to the police and your physician immediately. Prescriptions will not be refilled early.
9. Refills of controlled substances will only be given to the patient during regular office visit scheduled appointment. Refills will not be made at night, on weekends, or during holidays.
10. You must not use any illicit substances. The presence of non- prescribed drug(s) and/or illicit drug(s) in the urine may result in change in your treatment plan, such as the safe discontinuation of your prescribed medications and/or termination of the doctor-patient relationship.
11. **You agree and understand that your physician reserves the right to perform periodic unannounced urine drug screening and "pill counts"**. Patients will be urine drug screened at their initial visit and subject to periodic testing while under our care to make sure prescribed medication is taken correctly.
12. Do not drive or use dangerous equipment when taking pain medication.
13. It is the patients' responsibility to comply with all laws and regulations while taking these medications.
14. Understand that there may be side effects and addiction to these medications is possible. If you have a history of alcohol or drug misuse/addiction, you must notify the physician.
15. Suddenly stopping these medications could be dangerous.
16. Medication plans may be altered at any time for any reason if the provider sees fit.
17. Immediate dismissal will be invoked if unauthorized visits to any of the offices without appointments are made, and harassment of any FOUNDATION PAIN AND SPINE employees will be taken seriously.
18. I have read the agreement above and understand that if I violate any of the above conditions, my prescription may be terminated immediately and possibly result in being discharge from the clinic.

Final decisions will be made by the Physician OF FOUNDATION PAIN AND SPINE and will be final.

I understand the above list is not complete, I will be careful to exercise with caution and common sense, asking questions where a full understanding is not met or if I feel that I may be having trouble with treatment provided.

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

X \_\_\_\_\_  
Patient's or Authorized Representative's Signature Today's Date