Pain Treatment Agreement

I understand that I have a right to comprehensive pain management. I understand that this agreement aims to improve the safety and efficacy of pain management. I understand that failure to follow any of these agreed statements might result in Dr. _____ not providing ongoing care for me.

I, _____,agree to undergo pain management by Dr._____.
My diagnosis is_____. I agree to the following statements:

I will not accept any narcotic prescriptions from another doctor.
I will be responsible for making sure that I do not run out of my medications on weekends and holidays, because abrupt discontinuation of these medications will cause severe withdrawal syndrome.
I understand that I must keep my medications in a safe place.
I understand that Dr. _____will not supply additional refills for the prescriptions of medications that I may lose.
If my medications are stolen, Dr. _____ will refill the prescription one time only if a copy of the police report of the theft is submitted to the physician's office.
I will not give my prescriptions to anyone else.
I will only use one pharmacy.
I will keep my scheduled appointments with Dr. _____unless I give notice of cancellation 24 hours in advance.
I agree to refrain from all mind/mood altering/illicit/addicting drugs including alcohol unless authorized by Dr._____

My treatment plan may change based on outcome of therapy, especially if pain medications are ineffective. Such medications will be discontinued. My treatment plan includes:
Medications _____

Physical therapy/exercise _____

Relaxation techniques_____

Psychological counseling _____

I understand that Dr. _____ believes in the following "Pain Patient's Bill of Rights."

You have the right to:

- Have your pain prevented or controlled adequately.
- Have your pain and medication history taken.
- Have your pain questions answered.
- Know what medication, treatment or anesthesia will be given.
- Know the risks, benefits and side effects of treatment.
- Know what alternative pain treatments may be available.
- Ask for changes in treatments if your pain persists.
- Receive compassionate and sympathetic care.
- Receive pain medication on a timely basis.
- Refuse treatment without prejudice from your physician.
- Include your family in decision-making.

Termination Clauses

A. The doctor may terminate this agreement at any time if he/she has cause to believe that I am not complying with the terms of this agreement, or to believe that I have made a misrepresentation or false statement concerning my pain or my compliance with the terms of this agreement.

B. I understand that I may terminate this agreement at any time.

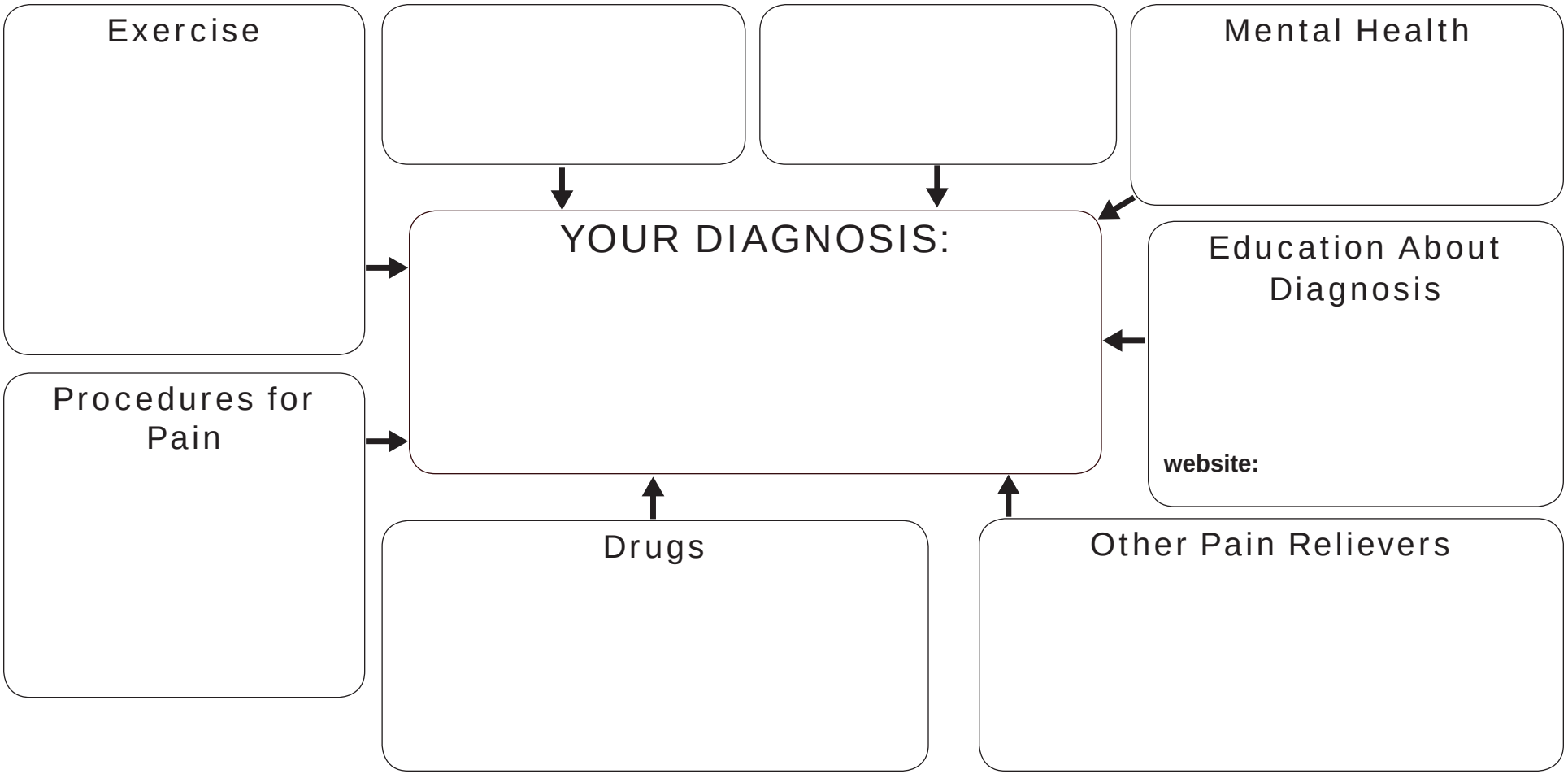
If the agreement is terminated, I will not receive prescribed controlled medications but can remain a patient of Dr. _____ and would strongly consider treatment for chemical dependency if clinically indicated.

_____ **Patient Signature**	_____ **Date**	_____ **Prescriber Signature**	_____ **Date**

Adapted from WebMD Pain Management Guide. Pain Management: Your Pain Treatment Agreement. Available at http://www.webmd.com/pain-management/guide/pain-management-pain-treatment-agreement. Accessed June 3, 2010.

How You Can Help Control Your Pain

Your provider will review and write down the different ways that you can help yourself live and function with pain.



My Treatment Goals:

1. _____

_____

2. _____

_____

3. _____

_____