OpioidTreatment Agreement

Patient name:_____

Date:____

1. Doctor and patient

l,	, agree that Dr	will
be the only doctowho wi	Il prescribe the opioid nedication	
I will not obtain opioid m	edication from another doctor. If this happens, I will	tell
Dr	as soon a s ossible.	

2. Treatment expectations and gals

This medication is being used to decrease the severity of my chronic pain and improve my ability to function physically, emotionally, socially and at work. At best, opioid medication may reduce my chronic pai by about 30% but will not completely stop my chronic pain. Because of the limit to which it will decrease my pain, the best evidence of success from this medication is how well it improves my function. My goals for increasing my function are

- 3. I understand that if the opioid treatment does not improve my pain control or my ability to function then it will be reduced ostopped.
- 4. Take as pescribed

I will take the medication at the dose and frequency ordered by my doctor. I know it is important to take this medication at regular times and not only "when nee'dewill not increase the dose of my opidbmedication on my own and am aware that doing so may lead to this treatment being stopped. I agree to record regularly my use of these opioid medications and how they are working.

5. Sideeffects

I understand that the common side effects of opioid median include feeling sick (nausea), vomiting, constipation, drowsiness, dry mouth, and itchiness of the skin. With extended use I am likely to become tolerant to these side effects, except for constipation. Constipation is a very common side effect and hay be ordered medication to help with this problem. Other side effects which are rare include muscle jerks or shaking, muscle spasm, feeling weak, confusion, hallucinations, feeling disoriented, chills, changes in vision, difficulty passing urine, headach skin rashes, difficulty in thinking clearly, decreased sexual function, swelling of hands or feet, sweating, and decreased immune function.





