

Pain Medicine Contract

This contract has 4 parts.

Part 1 Tells you how and when to take your pain medicine.

Part 2 Lists things you agree to do.

Part 3 Lists things that could happen if you do NOT do the things listed in Part 2.

Part 4 Sign the form.
You and Dr. _____ must sign the form.

PART 1 **MY PAIN MEDICINE**



Medicine	Breakfast	Lunch	Dinner	Bedtime

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PART 2

THINGS I AGREE TO DO

I will

▪ only get my pain medicine from Dr. _____'s office.



▪ take my pain medicine as listed in Part 1.

▪ tell my other doctor(s) that I am taking pain medicine.

▪ tell Dr. _____ about ALL of the medicines (over-the-counter, herbs, vitamins, those ordered by other doctors) I am taking.



▪ tell Dr. _____ about all of my health problems.

▪ allow Dr. _____ to talk with other doctors about my health problems.



▪ only ask for refills during an office visit (Monday to Friday from 8:00 am to 5:00 pm).

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I will

- tell Dr. _____ if I get pain medicine from another doctor or emergency room.



- call Dr. _____'s office at least 24 hours in advance if I need to cancel my appointment.

- keep my pain medicine in a safe place AND away from children.



- get my pain medicine from only _____.

Address:

Phone Number:



Pharmacy

- bring all of my unused pain medicine in their pharmacy bottles the next time I come to see Dr. _____. He/she may count the number of pills in my bottle(s).

- allow Dr. _____ to check my urine (pee) or blood to see what drugs I am taking.



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I will **NOT**

▪ share, sell or trade my pain medicine with anyone.

▪ use someone else's medicine(s).

▪ use illegal drugs (crystal meth, marijuana, cocaine).



▪ change how I take my medicine(s) without asking Dr. _____.

▪ ask Dr. _____ for extra refills if I use up my supply before my next appointment.

▪ ask Dr. _____ for extra refills if I lose or misplace mine.



PART 3

I UNDERSTAND

If I do not do all of the things listed in Part 2, Dr. _____:

- will no longer order pain medicine for me.
- may stop giving me medical care.
- may send me to drug abuse treatment.

I know

Dr. _____ and my pharmacy may work with the police to look at any misuse or sale of my pain medicine.



I know if I drive while taking pain medicine, I can be charged with driving under the influence (DUI). If I am charged with DUI while taking pain medicine, Dr. _____ is not to blame.



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PART 4

SIGN THE FORM



Sign your name and write the date.

Sign your name

Date

Print your first name

Print your last name

Street City State Zip Code

Doctor Name

Doctor Signature

Date

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