CAROLINAS PAIN INSTITUTE, PA
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OPIOID USE AGREEMENT

I have pain that is not controlled well with non- narcotic medications and other treatments. Due to the pain, I can't do things I once enjoyed. My provider may choose to prescribe opioids to reduce my pain. I recognize opioids (narcotics) will not get rid of all the pain and will not cure me.

Risks:

I know there may be some risks taking these drugs. I have been told that addiction to the drugs is a risk. I know that pregnant women taking opioids are likely to give birth to children who will have withdrawal symptoms after they are born and will need treatment. It may not be safe for me to use machines or drive if I feel dizzy or lose my balance. I know that I may develop physical dependence on opioids. This is defined as experiencing withdrawal systems if I stop my opioids quickly.

Side Effects:

I have been told these medications have the side effects listed below. I need to call my provider if I :

- Have nausea or vomiting
- Am confused or otherwise notice there is a change in the way I think
- Lose my balance
- Feel short of breath or notice my breathing slower than normal.
- Notice signs of withdrawal, which include diarrhea, stomach cramps, "gooseflesh, flu-like symptoms, body aches, hot and cold flashes, shaking, fast heart rate, feeling anxious or nervous.
- Notice signs of addiction, such as using more of the drug to feel good and happy or craving the drug,
- Am having problems with sex.
- Have symptoms that concern me.
- Decreased Testosterone levels

Terms of the agreement:

I understand and accept that if I do not follow the guidelines below, my provider may no longer prescribe opioids, or may stop seeing me as a patient, or both. If that should happen, I will need to find another provider for my care. The guidelines I must follow are:

1) I will be honest with my provider at each visit:

- I will tell my provider about my pain and how it affects my life, how well the medicine works, and if I have any of the side effects listed above.
- I will list all medicines, vitamins, herbs, special teas, ointments, etc. I use. These may be items providers prescribe or that I buy off the shelf at the drugstore. I may take these items all the time or once in a while.
- I will tell my provider about my past and current medical, emotional or mental problems and treatments.
- I will give the names of all providers I have seen as well as the names of those I see after signing this agreement,
- I will be honest about having used street drugs or alcohol in the past and after signing this agreement.
- I will tell my provider if I have not followed another doctor's advice about how to take medicine in the past.

2) I agree that:

- I will not ask for or accept a prescription for pain from anyone without prior authorization from Carolinas Pain Institute.
- I will not drink alcohol or use street drugs such as marijuana anc cocaine while taking my pain medication.
- I will not use anyone else's medication.
- I will follow my providers advice, including stopping medicines, if needed.
- I will take my medicine as instructed. If I want to change how much or how often to take my medication I will get my providers approval first.
- I will not share, sell or trade my medicine. I will take measures to make sure it is not lost or stolen.
- I will keep all of my appointments with my provider at Carolinas Pain Institute.
- I will have the tests, other treatments, and consults my provider suggests.
- I will bring all my medications in the original bottles to the office.
- I will keep the keep the drugs out of the reach of others, especially children.
- I will allow my blood or urine, or both to be tested. I will not be told when the blood or urine will be tested.
- I will call the police if my prescriptions or drugs are stolen.
- My provider can talk with any doctor, provider or pharmacist about my opioid agreement or treatment.
- I will use only one drug store to buy all my opioid prescriptions. If I change drug stores, I will let my provider know right away.

- Females: I am not pregnant and agree to do what I can to prevent becoming pregnant. If I become pregnant, I will let me doctor know immediately.

3) I will follow the guidelines about getting a prescription or refill.
   - I will schedule a visit with my provider to get a prescription refill prior to my medication running out. (Remembering the office is closed on weekends and holidays).
   - If my medication runs out early, I will have to wait until it is time for another refill.
   - No allowances will be made for lost prescriptions or medications.
   - I will not give my written prescriptions to anyone and will not change or copy them in any way.

4) I understand that:
   - This mode of treatment will be stopped if any of the following occurs:
     - The CPI physicians feel that opioids are ineffective for my pain or my functional activity is not improved.
     - I give, sell or misuse the drugs.
     - I develop rapid tolerance or loss of effect from this treatment.
     - I develop side effects that are significant in the view of the CPI physicians.
     - I obtain opioids from sources other than CPI.
   - The physicians at CPI may communicate with my referring and primary physicians as well as my pharmacists regarding my use of controlled substances. I agree to allow the pharmacy to release my pharmacy records to CPI in order to determine compliance. I agree to identify all doctors that I have seen in the past two years as well as doctors that I see while in treatment with CPI in the future. **These physicians and pharmacies will be authorized by me to provide information to CPI with regard to my treatment with them. Physicians and pharmacies identified**

I have read and understand this agreement. I know if my provider believes I have not followed one or more of these guidelines, they may stop prescribing opioids, or dismiss me as a patient.

Patients Signature_____ Date:_____

Patients Name (print) _____

Witness:_____

Name of Pharmacy where medications are filled:

_____ (Pharmacy) _____ (Phone)

Physicians that write you any type of prescriptions:

MD	Street Address	City	State	Zip	Phone