



Consent for the treatment of pain with narcotic (opiate) painkillers

I, _____ Agree to all the following:

1. I agree to obtain prescriptions for narcotics only from the physician or physician's assistant of Ideal Pain Management (IPM).
2. I agree to use only one pharmacy for the filling of narcotic prescriptions and to supply the name, address and phone number of that pharmacy to IPM.
3. I agree to allow IPM to communicate with other physicians or pharmacies regarding my treatment and use of narcotic painkillers and check state data base (CRISP).
4. I agree to take narcotic painkillers prescribed by IPM only as directed
5. I agree to follow the advice of IPM with regards to stopping narcotic painkillers if I am asked to do so.
6. If I am a woman, I certify that I am not pregnant. I will also use appropriate measures to prevent pregnancy while taking narcotic painkillers. If I become pregnant, I will notify IPM within 72 hours upon learning of my pregnancy. Pregnancy may warrant discontinuation of narcotic painkillers
7. I agree to have my other physicians or healthcare providers notify IPM of any changes in my medical condition or treatment promptly.
8. I will attend scheduled appointments with the physicians or staff of IPM.
9. I understand that no allowance will be made for lost or stolen prescriptions or medications.
10. I understand that IPM will stop prescribing narcotics for any of the following reasons:
 - I give, sell, misuse, or am careless with these medications
 - I am non-compliant with this treatment or with this agreement
 - I develop rapid tolerance or loss of effectiveness from this treatment
 - I develop side effects considered unacceptable by IPM
 - My functional activities decline
 - I obtain narcotics or narcotic prescriptions from anyone other than IPM
 - I use alcohol while taking narcotic painkillers
11. I agree to cooperate with treatments that can deduce or eliminate the need to take narcotic painkillers.
12. If asked, I agree to give a blood or urine sample on the day requested to screen for the appropriate use of these medications as well as the possible misuse of other substances.
13. I understand that the physicians and staff of IPM will be reasonable but firm in interpreting these rules to protect the patient and physician.
14. Questions concerning my treatment and my treatment with narcotic painkillers have been fully and completely explained to me to my satisfaction and I have all the information that I need to make an informed choice about signing this consent.
15. I further agree that I will not hold the physicians or staff of MANA liable to any civil, administrative, judicial or criminal action that may arise from my treatment with narcotic painkillers.
16. I am aware that I may develop a withdrawal syndrome from stopping these medications, which happens to everyone. If I become psychologically dependent on these medications, I will notify MANA for appropriate treatment.

Patient Signature

Date

IPM Physician or Staff Signature

Pharmacy name/address/phone# _____