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Consent for Chronic Opioid Therapy

Dr. Alicja Steiner on behalf, Dr. Alicja Steiner, MD, APC is prescribing opioid medicine, sometimes called narcotic analgesics, to me for a diagnosis of chronic pain syndrome of complex etiology. This decision was made because my condition has been serious and/or other treatments have not helped your pain.

I am aware that the use of such medicine has certain risks associated with it, including, but not limited to: sleepiness or drowsiness, constipation, nausea, itching, vomiting, dizziness, allergic reaction, slowing or breathing rate, slowing of reflexes or reaction time, physical dependence, tolerance to analgesia, addiction and possibility that the medicine will not provide complete pain relief.

I am aware about the possible risks and benefits of other types of treatments that do not involve the use of opioids. The other treatments discussed included:

Non-opioid pharmaceutical agents;
Physical therapy and other physiotherapy modalities;
Invasive diagnostic and therapeutic pain injections;
Neurological and orthopedic and other doctors second opinion evaluation and treatments if necessary;
Psychological and psychiatric evaluation and treatments if necessary;
Non-conventional medicine approaches including acupuncture, etc.

I will tell my doctor about all other medications and treatments that I am receiving. I am not aware that other analgesic medications can have similar (mentioned above) side effects.

I will not be involved in any activity that may be dangerous to me or someone else if I feel drowsy or am not thinking clearly. I am aware that even if I do not notice it, my reflexes and reaction time might still be slowed. Such activities include, but are not limited to: using heavy equipment or a motor vehicle, working in unprotected heights or being responsible for another individual who is unable to care for himself or herself. I have to clarify with my car insurance ability to drive while taking pain medications.

I am aware that certain other medications such as nalbuphine (Nubain tm), pentazocine (talwin tm), buprenorphine (Buprenex tm) and butorphanol (Stadol tm), may reverse the actions of the medicine I am using for pain control. Taking any of these other medicines while I am taking my pain medicines can cause symptoms like a bad flu, called a withdrawal syndrome. I agree not to take any of these medicines and to tell any other doctors that I am taking an opioid as my pain medicine and cannot take any of the medicines listed above.

I will always keep my other medical providers informed about my prescribed pain medicine.

I will also always inform Dr. Steiner about medicines prescribed by my other doctors to avoid harmful interactions between pharmaceutical agents.

I am aware that addiction is defined as the use of a medicine even if it causes harm, having cravings for a drug, feeling the need to use a

drug and a decreased quality of life. I am aware that the chance of becoming addicted to my pain medicine is very low. I am aware that the development of addiction has been reported rarely in medical journals and is much more common in a person who has a family or personal history of addiction. I agree to tell my doctor my complete and honest personal drug history and that of my family to the best of my knowledge.

I understand the physical dependence is a normal, expected result of using these medicines for a long time. I understand that physical dependence is not the same as addiction. I am aware physical dependence means that if my pain medicine use is markedly decreased, stopped or reversed by some of the agents mentioned above, I will experience a withdrawal syndrome. This means I may have any or all of the following: runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches throughout my body and flu like feeling. I am aware that opioid withdrawal is uncomfortable and can be life threatening.

I am aware that tolerance to analgesia means that I may require more medicine to get the same amount of pain relief. I am aware that tolerance to analgesia does not seem to be a big problem for most patients with chronic pain; however, it has been seen and may occur to me. If it occurs, increasing doses may not always help and may cause unacceptable side effects. Tolerance or failure to respond well to opioids may cause my doctor may check my blood/ or other body fluids to see if my medications level are normal as well as perform urine toxicology tests.

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(Males Only) I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire and physical and sexual performance. I

understand that my doctor may check my blood to see if my testosterone level is normal.

(Females Only) If I plan to become pregnant or believe that I have become pregnant while taking this pain medicine, I will immediately call my obstetric doctor and this office to inform them. I am aware that, should I carry a baby to delivery while taking these medicines; the baby will be physically dependent upon opioids. I am aware that the use of opioids is not generally associated with a risk of birth defects. However, birth defects can occur whether or not the mother is on medicines and there is always the possibility that my child will have a birth defect while I am taking an opioid.

I have read this form or have had it read to me. I understand all of it. I have had a chance to ask all of my questions regarding this treatment and answered to my satisfaction. By signing this form voluntarily, I give my consent for the treatment of my pain with opioid pain medicines.

Patient Signature: _____ Date: _____

Witness to the above: _____