



OPIOID TREATMENT INFORMED CONSENT AGREEMENT

Patient's Name

Date

I understand that I may be started on opioid therapy for control of my chronic pain. If I am not prescribed narcotic medication this consent is not valid. Side effects and benefits of this treatment have been discussed with me at length by the physicians at Kanuru Interventional Spine and Pain Institute.

Conventional non-narcotic medications have failed to give adequate relief of my symptoms. I am unable to perform my daily activities with the severity of this pain.

The following benefits and side effects are among those covered in our discussion about this course of drug therapy.

POSSIBLE BENEFITS:

- * More steady control of chronic pain. It is difficult to predict how much relief a given individual will get from treatment.
- * Increased capacity for physical activity.
- * Improved sleep.
- * Decreased reliance on other treatment modalities (bed rest and other activity restriction).

PROBLEMS:

* Physical dependence on this medication **will develop** and you will need medical supervision to safely come off of it. You may need more and more of the medication for relief over time, but the dose can only be increased a certain amount safely and only by your Kanuru Interventional Spine and Pain Institute physician.

* Some patients become “psychologically” dependent on this medication and begin to crave it, independently increase their dosage, seek additional drug supplies from other doctors, and misuse the drug to control stress, disappointments, anxiety or depression. This is a reason to taper and discontinue the treatment. ***If you have developed this sort of problem with any other substance (alcohol, marijuana, cocaine, Valium, Xanax, etc.) or with other opioids (Tylox, codeine, Percodan, Vicodin, etc.) you are at greater risk for developing the same difficulties with this treatment. YOU MUST INFORM KANURU INTERVENTIONAL SPINE AND PAIN INSTITUTE PHYSICIAN OF THIS HISTORY.***

* While you are on oral narcotics, your physician may require you to be monitored by a psychologist because of the addiction potential of these medications.

* Some pain problems do not respond well to this treatment, but it is difficult to know who will be helped in advance.

* Nausea, stomach cramps, itching, loss of appetite, confusion, dizziness, flushing, sweating, urinary difficulty and fatigue are among the most troublesome side effects of this medication. Sometimes additional medication may help with some of these opioid side effects. Sometimes the opioid will need to be discontinued.

* You may not be able to safely operate machinery or drive while on this medication, especially when it is being started or adjusted. *You will have to make honest, careful judgments about your alertness, response times, attention, and physical coordination while taking this medication to minimize risk of injury to yourself and others.*

TURN OVER →

- Despite being on narcotics, there is a possibility that my pain symptoms may not be alleviated. At that time, it is my physician's discretion to wean me off of these medications.

For female patients only:

To the best of my knowledge I am **NOT** pregnant.

If I am not pregnant, I will use appropriate contraception/birth control during my course of treatment. I accept that it is MY responsibility to inform my physician immediately if I become pregnant.

If I am pregnant or am uncertain, **I WILL NOTIFY MY PHYSICIAN IMMEDIATELY.**

PRESCRIBING PRACTICE:

* All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is:

_____ phone _____.

* You may not share, sell or otherwise permit others, including spouse or family members, to have access to any controlled substances that you have been prescribed.

* *Unannounced urine or serum toxicology specimens may be requested from you, and your cooperation is required. Presence of unauthorized substances in urine or serum toxicology screens may result in your discharge from this facility.* If I refuse random drug screening at any time while this agreement is in force, I will no longer be treated by the physicians of Kanuru Interventional Spine and Pain Institute.

* Medications or written prescriptions may not be replaced if they are lost, stolen, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen it will not be replaced unless explicit proof is provided with direct evidence from authorities. A report narrating what you told authorities is not enough.

* Early refills will not be given. Renewals are based upon keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.

* I agree that I will not seek opioid prescriptions from any other physician while I am under the care of the physicians from Kanuru Interventional Spine and Pain Institute. I understand that if I do receive multiple prescriptions of opioids from other physicians, I will no longer be treated by the physicians of Kanuru Interventional Spine and Pain Institute.

* I understand that I may be referred for inpatient detox if I become psychologically dependent on this medication. If I refuse such care, I understand that I will no longer be treated by the physicians of Kanuru Interventional Spine and Pain Institute.

I certify and agree to the following:

* I am not currently using illegal drugs or abusing prescription(s) and I am not undergoing treatment for substance abuse or dependence. I am reading and making this agreement while in full possession of my faculties and not under the influence of any substance that might impair my judgment.

* I have never been involved in the sale, illegal possession, misuse/diversion or transport of controlled substances (marijuana, cocaine, heroin, etc.)

* I have read the above agreement and understand that no guarantees have been made as to results that may be obtained from chronic pain treatment. I will abide by this agreement as long as I am under the care of the physicians of Kanuru Interventional Spine and Pain Institute.

Patient's Signature

Date

Witness

Date