

# OPIOID TREATMENT AGREEMENT

FOR: \_\_\_\_\_

**When opioids (narcotics) are prescribed, communication must be clear, because the College of Physicians and Surgeons monitors prescriptions closely.**

- Opioids do not cure pain conditions and they may cause other problems.
- The main goal of opioid therapy is to help improve your physical and vocational functioning. If this does not improve your life, we will probably be weaning you off the opioids.
- During dosage adjustments, drowsiness may occur temporarily and during these times you agree not to perform tasks that could endanger you or others.
- Use of opioids to treat pain will result in physical dependence of the medication. Sudden decreases or discontinuation will lead to opioid withdrawal symptoms. These symptoms are uncomfortable but not physically life-threatening.
- There is a small risk that addiction may occur. Almost always, this occurs in patients with current or past drug abuse issues. If this occurs, treatment for addiction may be necessary.

**Because of the controversy and concern surrounding opioid usage, we require that you:**

1. Have only one physician or the locum physician covering for the physician prescribing these opioids while being treated for pain. This physician's name is:  
\_\_\_\_\_
2. Use only one pharmacy for medication and notify the treating physician of its name and phone number. Pharmacy name:  
\_\_\_\_\_
3. Give permission for your physician to access Pharmanet as needed.
4. Take your medications as prescribed including not increasing the dosage on your own. Do not lend, give or sell your medications to anyone. Keep your medication in a safe place. Lost, damaged or stolen medications will not be replaced until the next regularly scheduled visit.
5. Document your progress, and have a significant other also document your progress.
6. Know that forged or abused prescriptions constitute grounds for dismissal. Abusive behaviour to pharmacy, office staff or physicians will not be tolerated and are grounds for dismissal.
7. Know that treatment discussions will only occur within your appointments.
8. Allow random drug screens to be taken within reason. This means submitting the urine within 24 hours of request and may include witnessed collection.
9. Allow us to discuss your case with your caregivers and other health care providers.
10. Agree to refrain from use of any/all mood-modifying substances without prior agreement from your physician. These include tranquilizers, sleeping pills, illicit drugs such as cannabis, cocaine, heroin or hallucinogens, which can all interfere with opioid therapy.
11. Understand that if you do not follow the above requirements, you may be discharged from this treatment.

**I have read and understand the goals and hazards of using opioid therapy**  
(Check box)

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***FAX to PHARMACY***

*Developed by Dr. Barbara Fehlau*