Stanford Primary Care Clinics Narcotic Pain Medication Agreement

The use of narcotic pain medications in the treatment of non-cancer pain is controversial. **In the event that narcotics are indicated and prescribed for you, this document outlines our clinic policy.** As a patient you have a right to be treated with respect. However, because of issues dealing with prescription medication abuse, addiction, and public safety, specific guidelines are necessary.

**Please carefully review this document before signing.**

**ISSUES RELATING TO POSSIBLE MEDICATION MISUSE:**

- I will not receive any addictive medications (i.e. pain medications, sleeping pills, tranquilizers, and stimulants) from anyone besides the Stanford Primary Care physicians. If I have an emergency (including dental emergencies) that require additional pain medicine, I will call my Stanford Primary Care doctor first. If the emergency requires me to go straight to the emergency room without first calling my doctor, I will alert the doctor at the emergency room or hospital and have them call my Stanford Primary Care doctor for me.

- I understand that if I do receive addictive medications from anyone without prior authorization from my Stanford Primary Care physician that my prescription and/or treatment will be terminated immediately and the incident may be reported to my other treating physicians, pharmacy, local medical facilities and other authorities as appropriate.

- I allow my Stanford Primary Care physician to receive information from any health care provider or pharmacist about the use or possible misuse or abuse of alcohol and other prescription or nonprescription drugs.

- I will submit a urine specimen whenever my physician requests to test for narcotics and other drugs.

- I will keep all medications in a secure place where no one (especially children) will have access to them.

- I must report stolen narcotic pain medication to the police and provide a police report to my Stanford Primary Care physician. Stolen medications may not be replaced.

**REFILL INFORMATION:**

- I will receive my medications from one pharmacy only. Mail order prescription services for narcotics are discouraged.

  **Refill requests for all medication should be called to your pharmacy.** Please have your pharmacy FAX your prescription refill request to us at (650) 725-7078 (Blake Wilbur) or (650) 736-2277 (Hoover site).

  **Allow 7 business days for narcotic medications to be refilled.** These medications require a special triplicate prescription to be completed. Refills will NOT be made on holidays, weekends or at night.
• I will take all narcotic pain medications exactly as prescribed. I will not increase or abruptly stop a narcotic pain medication without instruction from my Stanford Primary Care physician. All narcotic pain medication must be taken as ordered.
• If my narcotic pain medication prescription or medication is lost, misplaced, stolen or if it is used up sooner than the duration prescribed, I understand the medication may NOT be replaced. Repeatedly lost, misplaced, stolen or overuse medication will result in reevaluation of continued treatment at the Stanford Primary Care clinics.

TREATMENT PARTICIPATION/EXPECTATIONS:

• Scheduled office visits are required. Three “no-shows” without appropriate notification will result in discharge from clinic. Repeat cancellations or showing up late for appointments will result in reevaluation of continued treatment at the Stanford Family Medicine clinics.
• I understand the treatment goal while using pain medication is to improve my ability to function, work and to alleviate the anguish of pain. I realize that my pain may not be totally relieved by the use of narcotic pain medications. “Flare-ups” of pain may occur from time to time and may be handled by therapies such as icing, heat or relaxation rather than taking additional medications.

POTENTIAL SIDE EFFECTS:

• I understand that taking narcotic pain medications might impede my ability to concentrate and think clearly. Side effects may also include constipation, dizziness, itching, nausea, and difficulty urinating. I will inform my Stanford Primary Care physician if I experience any of these side effects.
• Narcotic pain medication may cause drowsiness especially if taken with other sedating drugs. I will not drink alcohol and will use caution when taking other sedating drugs, including over-the-counter non-prescription medications such as cold, flu, or allergy medications.
• According to the Department of Motor Vehicles Health and Safety Code, article 410, the continuation of driving privileges is contingent upon the safe operation of a motor vehicle. If during my course of therapy I experience drowsiness, lack of coordination or an alteration of psychomotor/cognitive functioning, I WILL NOT DRIVE AN AUTOMOBILE.
• I understand that my Stanford Primary Care physician will gradually decrease my pain medicine if I do not comply with all aspects of the treatment plan or if it is believed that the pain medication is not helping me or is causing me harm.
• WOMEN: Taking narcotics during pregnancy can be harmful to developing babies. I am not pregnant now, and will make sure as, best I can, that I will not become pregnant while I am taking these medications. If I am thinking about becoming pregnant I will notify my Stanford Primary Care physician.
• MEN: Taking regular doses of narcotics can, over time, affect my testosterone level. A decreased testosterone level may decrease my energy level, sex drive, and my ability to have or maintain an erection.
I understand that if I violate any of the above conditions, that my narcotic prescription and/or treatment may be terminated immediately. If the violation involves obtaining controlled substances from another individual, I may be reported to my primary care physician, pharmacy, local medical facilities and other authorities.

I will be fully informed about the physical and psychological (addiction) potential of narcotics. If narcotic pain medications are stopped abruptly, physical symptoms of withdrawal may develop. I must taper narcotic medications gradually and only under medical supervision. I agree to comply if asked to taper my narcotic pain medication.

I have read this above agreement and will discuss any questions I have concerning the use of controlled narcotic pain medications with my physician.

___________________________     _______________________         ________     _______
Patient Signature                              Print Name                            Date         Time

___________________________     _______________________         ________             _______
Primary Physician Signature                  Print Name                            Date         Time

**Instructions:** Primary Care Physician please note this in the problem list in the patient’s medical record.

PAIN MEDICATION AGREEMENT SIGNED [V58.69K]