

RISK MANAGEMENT RESOURCES

SAMPLE FORM

Pain Medication Agreement

I will:



- Get my pain medication only from Dr. _____.
- Take my pain medication as this doctor ordered.
- Tell this doctor about all my health problems. This is more than just why I need pain medication.
- Tell this doctor about all my other medications. This includes prescriptions from other doctors as well as over-the-counter and herbal medications I decide to take.
- Tell this doctor if I go to the Emergency Room and get more pain medication there.
- Tell my other doctors about all pain medications I take.
- Allow this doctor, or any other, to test my blood and urine. This is to confirm that I am taking only my prescribed pain medication and nothing more.

I will not:



- Change how I take pain medication without first talking with this doctor.
- Share, sell or trade my pain medication.
- Use illegal drugs.

When I refill my pain medication prescription, I will:



- NOT ask for early refills (more pain medication), even if I lose or misplace my pain medication.
- Follow my doctor's refill policy: [insert your refill policy here].

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This sample is a template only and is not intended to be used "as is." It is an example to assist the policyholder in the development of a document that is tailored to the individual practice. This sample is intended solely for the use of NORCAL policyholders as reference material only. It does not constitute legal advice, but is intended to supplement risk management advice. You may want to have this information reviewed by an attorney to determine if it is appropriate for use in your practice or institution.

I know that:



- Pain medication with narcotics can be addictive. This means that my body may need more and more pain medication or that it can be hard to stop taking this medication.
- Pain medication treats my pain but not its causes.
- I may need other medication and tests to diagnose and treat my health problems.
- Pain medication can cause side effects. It may cause me to be sleepy or slow my reflexes (how I respond or think). These side effects can make it unsafe to drive a car or use machines.

My agreement:

This doctor and I talked about my pain medication. I understand that I must follow this agreement. If not, this doctor or others at [Clinic Name] will not prescribe pain medication for me. They may refuse to provide my medical care if I do not follow this agreement.



Patient Name: _____

Signature: _____

Doctor Name: _____

Doctor Signature: _____

Date: _____

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