

Chronic Pain Management Agreement (Lower Health Literacy)

(use a large font type)

Providers at this office try to help patients when they have pain. There are three types of pain: short term pain (for example, a toothache); long lasting pain (for example, cancer) and ongoing pain when the reason for the pain is not found or not able to be changed (for example, back pain).

Some medicines that help pain are called “controlled substances”. They are called this because they may be habit-forming and misused by patients. The patients may not misuse them on purpose; the medicine may cause the patient to want to take more of the medicine than is safe. In order to give you this kind of medicine we must have an agreement in writing with you which says that you will follow these directions:

1. I understand I have ongoing pain that has an unknown cause or cannot be changed.
2. I understand the medicine I am being prescribed may be habit-forming, which would be harmful to me.
3. I understand that the medicine I am being prescribed could make me sick if I stopped taking it all at one time.
4. I agree to not take illegal drugs, medicine belonging to another person, or drink to excess while taking this medicine.
5. I agree only to get my pain medicine from __Dr.’s Office __.
6. I agree to come for my appointments.
7. I agree that I will only ask for my pain medicine refills when the __ Dr.’s Office __ is open (insert time).
8. I agree that I will not change how I take my pain medicine. I will only take my pain medicine as the provider explained.
9. I agree to allow the provider to check my urine (pee) or blood to see what drugs I am taking. I agree to bring my pills to each office visit so my provider can count them.
10. I agree that I will get my pain medicine from _____pharmacy and address.
11. If I visit the hospital emergency room or another provider, I will call __Dr.’s Office __the next day.
12. Females: I am not going to have a baby and I will use birth control while I am taking my pain medicine. I know this pain medicine may hurt an unborn baby.
13. I will keep my pain medicine in a safe place and away from children.
14. I understand lost or stolen pain medicine cannot be replaced.
15. I agree not to give or sell my pain medicine to anyone.
16. I know when I sign this agreement, hospitals, pharmacies (drug stores) and the police may have a copy.
17. I understand that if I do not do all the things listed in this agreement, pain medicine will no longer be ordered for me, my provider may stop giving me medical care and if I have broken any laws, the police may be told.
18. I will talk to my provider at least once a year about this agreement and resign it or change each time we talk about it.

Signature: _____ Date: _____ Witness: _____

Provider Signature: _____ Date: _____ Witness: _____

Signature: _____ Date: _____ Witness: _____

Provider Signature: _____ Date: _____ Witness: _____

Signature: _____ Date: _____ Witness: _____

Provider Signature: _____ Date: _____ Witness: _____

Signature: _____ Date: _____ Witness: _____

Provider Signature: _____ Date: _____ Witness: _____

Signature: _____ Date: _____ Witness: _____

Provider Signature: _____ Date: _____ Witness: _____

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