



**Chronic Narcotic Contract:**

You have agreed to take narcotic pain medication for you chronic pain. The purpose of this treatment is to reduce your pain and to improve your level of function. Alternative therapies have been fully explained and offered.

The risk of taking narcotic pain medication and the rules for obtaining prescriptions are listed below. By signing this contract, you agree these risks and agree to follow all the rules of the clinic without exceptions.

**Risk of Chronic Narcotic Therapy:**

Patients taking narcotics can become physically dependent on these medicines. Dependent means your body becomes accustomed to receiving these medicines. Therefore, sudden discontinuation of these medicines may lead to possible side effects such as dizziness, nausea, abdominal pain, blood pressure problems and even seizures. Do not suddenly stop taking your medicines.

Addiction is psychological dependence. The risk of addiction is low when pain medications are used appropriately. However, becoming addicted to pain medicines is always a possibility even when taking pain medications for medical reasons.

Other side effects include mood changes, drowsiness, constipation and nausea. If you become pregnant, there is a risk of physical dependence to narcotic to the unborn child.

**Warnings:**

If you become pregnant, please notify your physician immediately. Please do not drive while taking your pain medication. Be careful whenever participating in any activity that requires concentration or coordination.

**Rules of the Clinic:**

You must fill your prescription from the same pharmacy every time. You will not receive pain medication from any other physician. If you receive medicines from the emergency room, please notify us. No refills will be prescribed early. No "emergency" refills will be done in the evening, Friday afternoon, or on weekends.

**Drug Screening:**

I agree to submit to urine and/or blood screens to detect the use of non prescribed and prescribed medications(s) at any time and without prior warning.

I have read the contract and agree to abide by all the rules of the clinic. I read all the risks of taking pain medicines and have been given the opportunity to ask questions. I accept the risk and conditions of the proposed treatment plan.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_