



**INFORMATION CONSENT FOR THE USE OF
CHRONIC NARCOTIC ANALGESICS**

1. I understand that prescription narcotics will be used to help manage my chronic pain problem. These medications will be used to reduce (not eliminate) my experience of pain, and to improve my ability to function at home and at work.
2. I understand that the body can become tolerant to narcotics, and that the medication may lose its effectiveness over time.
3. I understand that there are risks and side effects associated with narcotics. These include, but not limited to: sleepiness or drowsiness, constipation, nausea, itching, vomiting, dizziness, allergic reactions, slowing of breathing rate, and slowing of reflexes or reaction time.
4. I am aware that narcotics will not improve my overall condition. Using pain medication is a passive treatment, and many people who rely on narcotics fail to use other more active methods of pain control, such as exercise, relaxation techniques, and positive coping skills. I understand that if I use narcotics and do not use other active skills to manage my pain, my condition is likely to worsen over time.
5. I understand the potential for narcotics to make the nervous system more sensitive to pain. I may experience a gradual worsening of my pain problem as a result of taking the medication.
6. I am aware that my reflexes and reaction time may be impaired as a result of taking narcotics. I recognize the danger involved in participating in activities that require concentration. Such activities include, but are not limited to: using heavy equipment or operating a motor vehicle, working at unprotected heights, or being responsible for another individual who is unable to care for himself or herself.
7. (Males) I am aware that chronic narcotic use has been associated with low testosterone levels. This may affect my stamina, sexual desire, and physical and sexual performance.

(Females) If I plan to become pregnant or believe that I have become pregnant while taking this pain medicine, I will immediately call my obstetrician and my prescribing physician to inform them. I am aware that, should I deliver a baby while taking narcotics, the baby will be physically dependent upon these medications. I am aware that the use of narcotics is not generally associated with a risk of birth defects; however, birth defects can occur whether or not the mother is on narcotics and there is the possibility that my child will have a birth defect while I am taking narcotics.

8. I understand that physical dependence is a normal, expected result of using narcotics. Physical dependence means that if the medication dose is markedly decreased, stopped, or reversed, I will experience a withdrawal syndrome that includes any or all of the following: runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches throughout my body and a flu-like feeling. I am aware that narcotic withdrawal is uncomfortable, but usually not life threatening.
9. I am aware that addiction can occur as a result of taking narcotics on a long-term basis. Addiction is the desire for a drug, or the intentional use of the drug, even if it is causing harm or reducing quality of life. I understand that addiction to narcotics is more common in people who have a personal or family history of drug or alcohol addiction, and I agree to tell my doctor my complete and honest drug history.
10. I am aware that it is not appropriate to take narcotics to deal with emotional distress, anxiety, or depression.
11. The use of alcohol or other sedatives while taking narcotics is strongly discouraged.
12. Your physician may make attendance and participation in the Chronic Pain Management Program meetings or classes and/or evaluation by staff of the Chemical Drug Recovery Program a condition of obtaining refills of your narcotic prescriptions.

I have read the above and had an opportunity to ask questions about narcotic treatment, alternatives to narcotic treatment, and the risks and benefits associated with narcotic treatment. I accept the risks and conditions of long-term narcotic analgesic treatment for my chronic pain problem.

Patient

Date

Physician

Date

Behavioral Medicine Division-North Valley

Name: _____

Referring Physician: _____

MR#: _____

**TREATMENT AGREEMENT FOR THE USE OF
CHRONIC NARCOTIC ANALGESICS**

1. I understand that this agreement between my prescribing physician and myself is to clarify the manner in which long-term narcotics will be used to manage my chronic pain problem.
2. There are risks associated with chronic narcotic use. I acknowledge that I have been provided with information about the risks of chronic narcotic use, and have had an opportunity to ask questions about narcotic treatment, alternatives to narcotic treatment, and the risks and benefits associated with narcotic treatment. I accept the risks and conditions of long-term narcotic analgesic treatment for my chronic pain problem.
3. Narcotic analgesics will be prescribed by my physician only under the following agreement:
 - The daily dose may not vary beyond the range of medication prescribed.
 - Lost medications or prescriptions will not be replaced under any circumstances and any loss or theft will be reported to the local police department where the loss occurred.
 - Refills may be obtained only from my physician's office. At each refill, I will be informed of the date when my medication can be refilled again. Refills may be requested only 3 working days before this date.
4. My medication regimen is the following:
 - I agree to take _____ every _____ hours
for a total of _____ pills every _____
 - I agree to take _____ every _____ hours
for a total of _____ pills every _____
5. I will not change the prescribed regimen without first discussing it with my physician.

6. Periodic review of this therapy will assess benefits, adherence to the prescribed regimen, side effects, and adverse reactions. I may be asked to taper and/or discontinue the medication if my pain increases, if my ability to function decreases, if I do not adhere to this agreement, or if I engage activities that suggest addiction.
7. Random drug testing may occur at the prescriber's discretion and especially if the chart has records indicating "drug-seeking behavior" or other indication of possible misuse of prescription drugs.
8. If I use drugs (either prescription or non-prescription drugs) other than those to treat pain, I will report this to my medical provider.
9. If I use illegal substances or street drugs, I will go to the Chemical Drug Recovery Program at Kaiser Permanente located at 2829 Watt Avenue, Sacramento, CA 95821 during their open hours Monday to Friday 9AM to 4 PM or Saturday and Sunday 10 AM to 1:30 PM and will call them at 916-482-1132 if I have questions. I note that CDRP is open 7 days a week.
10. My signature below shows that I have read items 1-9 above and agree to abide by them and I agree to keep a copy of this Information Consent For The Use of Chronic Narcotic Analgesics for future reference.

Patient

Physician

Date

The following is for your information.

For future reference, if you wish to self refer to the Chemical Dependency Recovery Program, a map is provided below.

Map for Sacramento Chemical Dependency Recovery Program, 2829 Watt Avenue, Sacramento, CA 95821. Phone Number: (916) 482-1132.

