



412 Jungermann Rd, Ste 201, St. Peters, MO 63376 • 636.244.5004

Narcotic Treatment Understanding

This is an understanding between the patient & the doctor. It provides guidelines for care including tests, labs, monitoring and responsibilities of patient and physician.

I understand and agree to the following:

The long-term use of narcotic medication is controversial because of the uncertainty regarding the extent to which narcotics provide any actual benefit. There is a risk of an addictive disorder developing or relapse occurring in a patient with a prior addiction problem with the use of narcotic medications. The exact percent of this risk is not certain.

1. Since narcotics may be hazardous or lethal to a person that is not tolerant to its affects, especially a child, you must keep them out of the reach of such people. Locking them up will reduce the risk of someone accidentally finding them & using them,
2. It may not be realistic to believe opioids or other medication will relieve my pain completely. The goal of treatment is to manage the pain to the point that I can live with and be productive.
3. Labs, x-rays, MRI, CT and other tests may be recommended by my pain management doctor in order to evaluate my pain.
4. My pain management doctor may recommend options such as physical therapy, TENS unit, massage, injections, diet and other therapy not involving medications.
5. My pain management doctor may consult my primary care doctor or any other referring doctor in order to provide care for my pain.
6. It is my responsibility to keep scheduled appointments, to arrive on time and to call with at least 24 hours notice if I need to cancel. Failure to comply may result in me not being seen.
7. Mistreatment (foul language, threats, etc.) to the pain management staff may result in the discontinuation of my pain treatment.
8. Periodic drug screen (urine, hair, blood) may be required. I am aware that any illegal drugs found in my system or lack of prescribed drugs could be grounds to discontinue treatment at this pain clinic. Refusal of such testing may result in an abrupt stopping of the pain medication or prompt termination from care.
9. I must notify my pain management doctor of any abnormal or unusual side effects from the medication prescribed to me. If I increase my dose without my doctor's approval I may have to go without medication, & treatment may be discontinued.
10. When I need refills on any medications I must call the pain management office to request it THREE business days prior to being out of medicines. If I do not call 3 business days in advance I may run out of medications & possible experience withdrawal symptoms. I understand that I can not show up to the office requesting refills short notice and that medication refills are given during business hours only.
11. If my medication is lost or stolen they may not be replaced.
12. My treatment will be stopped if the following occur: severe side effects; treatment is not providing benefit; getting pain medications from other doctors, emergency rooms or multiple pharmacies without notifying my pain management doctor; selling or misuse of medications; and/or breaking any of the other guidelines in this agreement.
13. MY doctor reserves the right to terminate my treatment for other reasons.

Initials: _____

See reverse page for additional information.

14. I will not alter my medication in any way, e.g. crushing, injecting or chewing other than as prescribed by AAPM physician.

15. (Females only): Narcotics are felt to have a risk for development of birth defects; however if I continue to take these medications throughout pregnancy my child will be born drug-dependent and need specialized care. I therefore agree that I plan to become pregnant or believe I have become pregnant while on these medications I will notify the pain center on the next business day.

16. (Males only): I am aware that chronic narcotic use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire and physical/sexual performance. I understand that my physician may check my blood or request that my primary care doctor do routine testing to see if my testosterone level is normal.

17. Narcotic medication can cause sedation. I realize that it is my responsibility to keep others and I from harm and this includes driving and the operation of machinery. If there is any question of impairment of my ability to safely perform any activity I will not perform that activity.

18. Narcotics might cause osteoporosis.

19. I give Arch Advanced Pain Management to obtain information about my narcotic/medication usage from any prescription monitoring web sites, medical web sites, insurance plans or governmental.

20. I understand that lost/stolen medications or unfilled prescriptions will not be replaced, and I will safeguard my medication from theft.

21. Do you have any street drug use? Yes No

22. I understand that non-professional or inappropriate behavior toward and IPC/ROSP staff, affiliate or provider will not be tolerated. I agree to be respectful to other patients I may encounter in the waiting room, lobby, hallways, etc. I understand that I may not loiter in the parking lot of any IPC/ROSP location.

23. The pharmacy that I agree to use is: _____

City & State: _____

Initials: _____