

Patient Label

Opioid Information, Functional Goals, and Treatment Agreement

Opioids are medications that may help with severe pain, by making it less likely that your brain will produce pain. They can help reduce pain levels by up to 30%. There are many side effects and long-term complications to consider. While opioids may have a small role for some people, a successful plan to treat pain will include self-management skills such as pacing, relaxation, self-monitoring, communication, and self-talk.

Functional Goals

- The use of opioids must show an improvement in your function. What would you like to see yourself doing differently?
- My two functional goals are:

Functional Goal #1	
Functional Goal #2	

Side Effects and Long-Term Complications

- Common side effects: nausea, constipation, drowsiness, dizziness, dry skin / itching, vomiting
- Other side effects: blurry vision, sweating, trouble urinating, confusion, muscle jerks
- Long-term complications:
 - Sleep apnea (changes in breathing while asleep) or worsened sleep quality
 - Decreased sex hormones including testosterone and estrogen, causing low energy, low mood, difficulties with sexual health, and osteoporosis (thin bones)
 - Opioid-induced hyperalgesia, which means an increase in pain sensitivity (worsening pain)
 - Physical dependence – your body is used to having the opioid in your system. Suddenly stopping or reducing by large amounts will cause withdrawal symptoms, for example:
 - Feeling anxious or restless, sweating and chills, nausea, diarrhea, flu-like symptoms, increased pain from the withdrawal itself
 - Psychological dependence or addiction – there is loss of control over how you use your opioid
 - Risk of having an accidental overdose
 - Other concerns including:
 - Decrease in your immune system
 - Decrease in your memory and thinking ability
 - Increase in your risk of having a heart attack, car accident, or fall
 - Increase in your risk of depression

Overdose

- Overdose means thinking and breathing slows down – this may cause brain damage, coma and death
- Your risk of overdose increases when you take more medication than prescribed, or mix opioid medication with alcohol or other drugs that cause drowsiness
- If you or your family members notice extreme sleepiness or difficulty to awaken, **call 911**
- Ask about getting a **Take Home Naloxone Kit** to prevent an accidental opioid overdose. Naloxone is an antidote to an opioid overdose and can save your life

OPIOID TREATMENT AGREEMENT

I understand that I am receiving opioid medication from Dr. _____ to treat my pain and improve my function, and agree to the following:

- I understand that if opioid medication does not improve my ability to function, the opioid medication will be reduced slowly and stopped.
- I will not seek opioid medications from another physician.
- I will not take opioid medications in larger amounts or more frequently than is prescribed to me.
- I will not give or sell my opioid medication to anyone; nor will I accept any opioid medication from anyone else. Sharing medication is illegal.
- I will inform my physician of all medications I am taking, as well as any alcohol or illegal drug use. I will not use over-the-counter opioid medications such as Tylenol® No. 1.
- I will not drive until my opioid dose is stable and I am not drowsy.
- I understand that if my prescription runs out early for any reason (for example, if I lose the medication, take more than prescribed, or miss an appointment), my physician will review why this has happened and make changes to my treatment plan (e.g. require medications to be picked up on a daily basis).
- I will fill my opioid prescriptions at one pharmacy only. Prescriptions will be faxed directly to my pharmacy. Opioid medications will be dispensed on frequent intervals (e.g. daily or weekly). Any unused opioids will be returned to my pharmacy for safe disposal.
- I will store my opioid medication in a secured place at all times.
- I will attend all appointments, groups, treatments and consultations as requested by my treatment team, including self-management, psychology treatment, psychiatry, physical therapy, occupational therapy, exercise, and others.
- I will consent to urine drug tests and pill counts as requested by my treatment team. A urine drug test will help show all the drugs I am taking and ensure a combination is not placing me at risk. These are performed routinely for all patients to improve the overall safety of using opioids.
- If I have stopped taking my opioids for 3 days or more for any reason, I will not restart taking them until discussed with my physician.
- I understand that if I do not follow the terms of this agreement, the opioid medication will be reduced slowly and stopped.

I confirm that the benefits, risks, consequences, and alternatives of opioid medication have been explained to me. I am satisfied with and understand the information I have been given, and I consent to the terms of this agreement for the use of opioid medication.	
Signature of patient giving consent	Date (yyyy-mon-dd)

Opioid Prescriber Statement		
I have explained the use of opioid medication to the patient. In my opinion, this patient understands the nature, benefits, risk, consequences, and other possible choices of opioid medication.		
Name	Signature	Date (yyyy-mon-dd)