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Pain Management Agreement and Informed Consent

Please read all material very carefully and place a checkmark in the box corresponding to your answer to demonstrate your understanding. When you are treated at Fireweed Health Care you are agreeing to these policies.

Education: Some people may incorrectly believe that chronic pain can be successfully treated by just taking pills. Although medication is often helpful, it is rarely sufficient. Most patients need multiple therapies for best results. Multiple therapies may include different combinations of aerobic exercise, sleep correction, tobacco cessation, adjuvant medications, natural medications, topical medications, manual therapy including physical therapy, massage therapy, or chiropractic care, interventional procedures, surgery, and many other kinds of treatment.

Check your understanding:

1. Chronic pain can always be adequately treated with medications as long as the dose is strong enough.
 True False
2. If a patient is not getting adequate pain relief, switching to a stronger medication should always be the first step.
 True False
3. For the best results, most patients with chronic pain will need multiple therapies.
 True False

Education: All therapies and medications have risks and benefits. Choosing the right combination of therapies and medication for your individual situation requires careful consideration, weighing the potential benefits against potential risks. No medication or therapy will be implemented without your consent. It is important for you to make informed decisions. We will supply information and education and answer all of your questions. We also encourage you to become informed about your condition and treatment options by talking to your primary care provider, other specialists, relatives and other trusted advisers. We encourage you to access and review other information sources including trusted internet sources and reputable publications. Sometimes we will refer you to other providers for further evaluation or treatment.

You may also request a second opinion. Ineffective medications or therapies will be discontinued.

Check your understanding:

1. I am expected to become informed, seeking information from multiple sources and to participate in making treatment decisions on my own behalf.
 True False
2. If a treatment or medication had risks, it would not be recommended to me.
 True False

Education: It is sometimes necessary to discuss your case or share information with other health care providers, pharmacists, family members, insurance companies and sometimes even law enforcement officers or others. When you accept treatment with us, you are agreeing to this for the purposes of continuity of care and safety, and waive all privacy rights for the duration of your treatment unless and until this waiver is revoked in writing.

Signed: _____ Date: _____

Check your understanding:

1. Fireweed Health Care and its employees may share my medical information as needed for safety and continuity of care.
 True False

Education: We do not provide primary care. You will still need a provider to treat your routine medical problems, provide preventive care and meet your other health care needs. We also do not treat the *cause* of your pain which may require the ongoing care of other specialists such as rheumatologists, surgeons, neurologists, etc. For example, you may need to see a surgeon for the treatment of a low back disc herniation, while we focus on and assist you in the treatment of the pain associated with the disc herniation. A patient who has been diagnosed with diabetic neuropathy will need to continue with care from an endocrinologist or other diabetes specialists to monitor and treat the diabetes, while we focus on treating the pain caused by the diabetes.

Check your understanding:

1. After I begin treatment at Fireweed Health Care, I can skip my annual visit with my primary care provider or other specialists involved in my care.
 True False
2. It is my responsibility to take care of all my medical needs with my primary care provider and other appropriate specialists, to allow the providers at Fireweed Health care to focus on my chronic pain.
 True False

Education: It is very important to understand the differences between addiction and physical dependence. Physical dependence is a natural occurrence when a person takes certain types of medications for an extended period of time. Opioids (previously known as narcotics) cause physical dependence as do several other types of medications including certain antidepressants, some sleeping pills and sedatives, steroid medications, etc. A person who is physically dependent upon opioids will get sick (possibly with nausea, vomiting, diarrhea, runny nose, itchy skin, restlessness and insomnia) if the opioid is stopped suddenly or reduced too quickly. A person who is physically dependent is in control of the use of their medication and has increased functionality because of the reduced pain. Increased functionality means they need less help from others, fulfill more family responsibility and perform better at work.

Addiction is quite a bit different. A person who is addicted to their medication is unable to control their use of the medication, which may mean they may take more of the medication than they are prescribed, they use it in ways other than how it was prescribed, or they may trade or sell their medication or they may use unprescribed or illicit substances. A person who is experiencing addiction may continue to use the medication even though the medication is not helping them and even when it leads to poorer function in their everyday life. Poorer function may be seen in many ways such as fulfilling fewer family responsibilities, poor performance at or frequent absences from work, neglecting domestic chores and personal care, and in general becoming less responsible.

In general, the contrast between physical dependence and addiction is being in control of one's use of the medication and experiencing increased functionality versus addiction where a person loses control of their use of the medication and they experience decreased functionality. A person with addiction may need to stop using opioids or any other problem substance, and may need additional treatment or a different treatment in order to restore optimal function.

Check your understanding:

1. If a person experiences physical dependence opioids must be stopped.
 True False
2. Addiction is a small price to pay if a patient who is receiving opioid medication for their chronic pain begins to lose control of their use of the medication.
 True False
3. A patient who intends to take their medication as prescribed, but who just cannot resist taking extra pills may be displaying a sign of addiction.
 True False
4. A person who is in control of their use of pain medicine and is able to maintain their full-time employment, is probably not experiencing addiction.
 True False

5. If a person reports increased pain and requests a dose increase, this is a sure sign they are experiencing addiction.
 True False

6. A patient who has run out of their medication early several times recently and was fired from their job last month is showing signs of addiction.
 True False

Education: In addition to addiction and physical dependence, pain medications have other risks. For example, if you over-consume your medication, you may overdose and die. If you mix alcohol or other sedating drugs with opioid pain medications, you may overdose and die. Some pain medications could harm your unborn baby if you become pregnant. Prolonged use of opioid medication may cause decreased hormone production, including testosterone and estrogen, which could lead to adverse consequences. Some medications may impair your ability to drive safely or to operate machinery. Constipation, nausea and vomiting or other potential adverse effects. If you experience constipation you must take senna and/or Miralax or similar medications which are available over-the-counter. All adverse effects, including constipation, must be reported promptly to your provider.

Check your understanding:

1. Death is a potential consequence of over-consuming your medication, or of using alcohol or other sedating substances with your pain medicine.
 True False

2. An unborn baby could be harmed by some pain medications.
 True False

3. Opioid medications may decrease hormone production.
 True False

4. It could be dangerous to drive or use machinery while taking pain medications, especially when beginning treatment or with dose changes.
 True False

5. Constipation and nausea/vomiting are potential adverse effects of opioid pain medicine.
 True False

6. If a patient experiences constipation, they are required to begin taking over-the-counter medications to restore normal bowel function and to report to their provider promptly if there is no improvement.
 True False

Education: Now we are going to review some basic rules that must be followed. Failure to follow these rules may require a change to your treatment plan or a discontinuation of treatment. Please initial after each item on the line provided to indicate you have read, fully understand and agree to the following conditions of treatment:

1. Protecting and safeguarding your medication is required. We highly recommend lockboxes for this purpose. You can never allow your medicine to go to any other person, either willingly or by loaning, sharing or leaving your medicine where it can fall into the wrong hands, including guests in your home or strangers in public. This also includes safeguarding children and pets from accidental exposure to any of your medications.

2. You may quit taking any medication or reduce the dose without permission, but you CANNOT increase the dose or frequency without express permission from the provider BEFORE making any changes to the way you are taking the medication and the way it was prescribed to you.

3. You must come in to be evaluated on a regular basis, provide a urine specimen when asked (without leaving the office and sometimes under observation), and come in for a pill count on the day requested if asked to.

4. You must not use any illicit, unprescribed substances or outdated/old prescriptions.

5. You must not become pregnant while we are treating your pain. If you are attempting to conceive, or not taking precautions to avoid pregnancy, you must inform us. If you become pregnant you must inform us immediately.

6. You should not drive after starting any new medication or after any dose increase until you have used the medicine or new dose long enough to know how you are reacting to it.

7. You must get all of your pain medicine from us for the treatment of your chronic pain. If you have acute pain you can and should receive pain medicine for the acute pain from your dentist, surgeon, primary care provider, specialist or ER physician. Acute pain is caused by a new injury or surgery.

Check your understanding:

1. If I get a tooth pulled I can call Fireweed Health Care and you guys will call in something for the pain.
 True False

2. If I leave my medicine in the medicine cabinet at my house and someone steals it, I am responsible for the loss.
 True False

3. If I break my leg, the ER doctor can give me pain medicine for the acute pain.
 True False

4. If I am going to leave town for 10 days or won't be able to be reached by phone, I should inform Fireweed Health Care, in case they need to reach me for a pill count.
 True False

5. I can take the first dose of the new medicine today and then drive to work.
 True False

6. The new drug is causing strong side effects that scare me, but I have to keep taking the medicine until I hear back from Fireweed Health Care.
 True False

7. If I have an extreme flare-up of my back pain on a weekend, I can take some of those pills left over from my dental extraction last year because they were prescribed for me.
 True False

8. It is ok to take something extra for my chronic pain if it is prescribed by my primary care provider.
 True False

Please sign and print your first and last name in the space below to indicate you have read all of the above material, that you have personally answered each question, that all of your questions have been answered, and that you understand and agree to all of these policies.

Printed Name _____ Date _____

Patient Signature _____ Date _____

Provider Signature _____ Date _____