(Low Literacy PainEDU Example)

Pain Medicine Agreement

This agreement has 4 parts.

Part 1. Tells you how and when to take your pain medicine.

Part 2. Lists things you agree to do.

Part 3. What could happen if you do NOT do the things listed in Part 2.

Part 4. Sign the form.

You and [INSERT OPIOID PRESCRIBER NAME] must sign the form.

PART 1. MY PAIN MEDICINE

Medicine	Breakfast	Lunch	Dinner	Bedtime

PART 2. THINGS I AGREE TO DO

I will…

- only get my pain medicine from [OPIOID PRESCRIBER'S] office.
- take my pain medicine as listed in Part 1.

- tell my other doctor(s) that I am taking pain medicine.
- tell [OPIOID PRESCRIBER] about ALL of the medicines (over-the-counter, herbs, vitamins, those ordered by other doctors) I am taking.

- tell [OPIOID PRESCRIBER] about all of my health problems.
- allow [OPIOID PRESCRIBER] to talk with other doctors about my health problems.

- only ask for refills during an office visit (Monday to Friday from 8:00 am to 5:00 pm).
- tell [OPIOID PRESCRIBER] if I get pain medicine from another doctor or emergency room.
- call [OPIOID PRESCRIBER'S] office at least 24 hours in advance if I need to cancel my appointment.
- keep my pain medicine in a safe place AND away from children.

- get my pain medicine from only [INSERT PHARMACY NAME].

  Address: _____
  Phone Number: _____

- bring all of my unused pain medicine in their pharmacy bottles the next time I come to see [OPIOID PRESCRIBER]. He/she may count the number of pills in my bottle(s).
- allow [OPIOID PRESCRIBER] to check my urine (pee) or blood to see what drugs I am taking.

I will <u>NOT</u>…

- share, sell or trade my pain medicine with anyone.
- use someone else's medicine(s).
- use illegal drugs (crystal meth, marijuana, cocaine).

- change how I take my medicine(s) without asking [OPIOID PRESCRIBER].

- ask [OPIOID PRESCRIBER] for extra refills if I use up my supply before my next appointment.
- ask [OPIOID PRESCRIBER] for extra refills if I lose or misplace mine.

PART 3. I UNDERSTAND

If I do not do all of the things listed in Part 2, [OPIOID PRESCRIBER]:

- will no longer order pain medicine for me.
- may stop giving me medical care.
- may send me to drug abuse treatment.

I know…

[OPIOID PRESCRIBER] and my pharmacy may work with the police to look at any misuse or sale of my pain medicine.

If I drive while taking pain medicine, I can be charged with driving under the influence (DUI). If I am charged with DUI while taking pain medicine, [OPIOID PRESCRIBER] is not to blame.

PART 4. SIGN THE FORM

Sign your name and write the date.

_____ _____
Sign your name Date

_____ _____
Print your first name Print your last name

_____
Street City State Zip Code

_____
Opioid Prescriber Name

_____
Opioid Prescriber Signature

_____
Date