



The TCH Internal Medicine Clinic Prescription Agreement

I, _____, have read the following agreement, and agree to abide by it if I am placed on narcotics and/or controlled medications.

- 1) I understand that the narcotic and controlled drug prescriptions are my responsibility once they are placed in my hand. I understand that if anything happens to this prescription (i.e., it is lost, stolen, flushed down the toilet, etc.), I am personally responsible, and my clinic doctor will not rewrite the prescription until the designated time that it is to be given.
- 2) I promise to stick with my time-contingent schedule. If my medications are prescribed on an every eight-hour basis, I will take these medications every eight hours. I understand that if I use more than the allotted amount, or use up my medication before my appointment date, no more pills will be given, and I will be expected to handle my situation without medication until that given appointment time or until a refill is due.
- 3) I understand that narcotics prescriptions will not be phoned in to the pharmacy. I must appear for my given appointment time.
- 4) Medication will not be filled earlier than their due date or appointment date. I understand that if I come in at an earlier date for an appointment my medications will not be given until the date of the original appointment or until a refill is due. The assigned appointment date or an agreement with the physician will be the only reason for any change.
- 5) I understand that if I develop another pain condition (i.e., a toothache, abdominal pain), I will see my physician or dentist and not take the time-contingent narcotics that were prescribed by my clinic doctor for my original problem for the new condition. I understand that I am not to use these narcotics for an emotional crutch, e.g., to get through a visit by grandchildren or a family reunion. These are to be used only on a time-contingent basis, and only for my pain complaint.
- 6) I understand that I am to obtain all my narcotics and controlled medications from my clinic doctor. If I violate this contract, all medications from the doctor will thereafter cease. Exceptions may be made for patients seeing psychiatrists or other physicians who will manage completely the medications they prescribe. My clinic doctor will not refill, order or write for medications prescribed by another physician.
- 7) I understand that the goals of my clinic doctor will be to use the narcotics on a time-contingent basis, and, except in very unusual circumstances, to be weaned off these narcotics. These narcotics are to be used as a short-term — not a long-term — solution.
- 8) I have informed my physician of my past drug usage, including narcotics and alcohol, and any problems associated with this use.
- 9) I understand that there is a low risk of psychological dependence but greater risk of physical dependence and tolerance developing to this drug.
- 10) I understand that there is a possibility of impairment of thought processes, especially if this narcotic is combined with a sedative, a sleeping pill, or a tranquilizer.

11) I understand that if I become pregnant, a child will likely be physically dependent at birth if I continue on this medication.

12) I understand that my doctor will want to do random urine drug screens and agree to have them done.

I further understand that if I do not abide by these recommendations, my clinic doctor will discontinue my use of any of these drugs. I also understand that if I have a problem with any of these contract recommendations, I can make an appointment to talk with the physician and receive clarification before a problem or crisis arises.

Medication(s):

Physician

Patient

Date

Date

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