

Acute Pain Controlled Medication Patient Contract

Date: _____

Goals of treatment:

To achieve my pain rating and activity goals.

Goal 1: _____

Goal 2: _____

To relieve my pain without causing sedation.

To keep me from experiencing withdrawal symptoms.

Other: _____

Patient and staff responsibilities:

- ❖ I will use the pain rating scale to report pain to the staff.
- ❖ The staff will accept and respect my reports of pain as the best indicator of how much pain I have.
- ❖ The staff will be responsible for providing as much analgesia as necessary to relieve my pain, unless it would endanger my health.
- ❖ I will receive my analgesics from a single provider only, _____. I will not seek medication from a dentist or the emergency room without this Doctor's knowledge.
- ❖ I will not sell, trade, or give my pain medication to others.
- ❖ I will not engage in illegal activities to obtain pain medication.
- ❖ I will be responsible for keeping my medication out of the reach of children, pets, and others and for not misplacing or losing it.
- ❖ I understand that taking my medication when using alcohol or other drugs could be extremely dangerous to my health.
- ❖ I have received, read, and understand the Acute Pain Patient Information document.

We mutually agree to the above.

Patient

Physician