

# Medication Agreement and Instructions

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

For the safety of all patients who receive medication as part of their pain management treatment through Doctors Osteopathic, the following Medication Agreement and instructions will be read, discussed and signed.

Pain may be acute—caused by an injury or health problem resulting in inflammatory changes which lead to tissue damage. When treated or healed, it *goes away*. It may also be chronic—*lasts over a long period of time* due to conditions that may not entirely heal, be cured or continue to be re-injured. Medications may be *one* element of your plan of treatment to reduce your level of pain, improve your sleep and possibly increase your level of function.

## General Information:

New Medications—may initially cause drowsiness/sedation/dizziness, nausea, vomiting, constipation or diarrhea and dry mouth. Try to continue medication for at least 3-5 days to allow your body time to adjust to the new medication. If symptoms are intolerable, notify office and discontinue use.

- Put un-used medications in a safe place and **bring to office for disposal**. Do not flush, throw away, give to someone else for use, or save.
- Controlled Substances/Opioid Medications--these are strictly regulated by state and federal law. If you receive this type of medication, you will need to be seen at least once every 30 days-- whether at an office visit, procedure or diagnostic evaluation.

## For Your Safety:

- Your physicians and practitioners of Doctors Osteopathic will obtain, provide and discuss information regarding medical treatment, diagnostic tests, medication, and medical conditions in accordance with HIPPA guidelines—see HIPPA Policy.
- **You may receive pain medication prescribed by physicians through Doctors Osteopathic ONLY.** \*Inform Emergency Room, surgeons or other physicians that you are under the care of a pain management physician and they may contact Doctors Osteopathic for recommendations.
- **Do NOT break, crush, or chew any of your medication unless instructed to do so.**
- **Use the same pharmacy** to ensure your medications are in stock, maintain consistent medication history and decrease discrepancies.

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Your Pharmacy of Choice

- **Refills of any medications will occur ONLY during Monday – Friday business hours.**

~You should call your pharmacy 3-5 days before you run out, for refills. For opioid and other controlled medications, you **MUST** have an office visit 3-5 days **PRIOR** to running out of medication.~ \*Remember to account for weekends, holidays and vacations.

# Medication Agreement and Instruction

## For Your Safety –continued

- **Take medication ONLY as prescribed.** If you find your medication is not effective, call to speak with a nurse and schedule an appointment to discuss. **CHANGES WILL NOT BE DONE OVER THE PHONE.** Do NOT “self increase”.
- **Maintain a primary care physician** that you see for general or other medical care, lab testing for other acute or chronic health conditions that may require annual or routine monitoring and care.
- Provide a list of other medical conditions, medications, and other physicians and notify our office of any changes that may occur.
- Allow periodic medication monitoring by UDS--urine drug screen and lab testing as part of your treatment plan.
- Use your medication appropriately. **Do not share, sell or otherwise permit others access to your medication.**
- Do NOT use alcohol or take any other mind altering substances while on pain medications.
- **Treat your medication with care—**
  - ✓ Count medication at the pharmacy when received if there are any problems.
  - ✓ **Store medications in a safe place.**
  - ✓ Use a medication box if needed to account for the amount of medications used daily.

\* **Withdrawal medication** may be provided if needed for lost, stolen, self increased or any other count discrepancies. Early refills will not be provided.

Please initial and sign:

\_\_\_\_\_ I have read and had the opportunity to discuss the information in this Medication Agreement between myself, my physician and Doctors Osteopathic Associates.

\_\_\_\_\_ I understand that for my safety, failure to follow the instructions detailed in this Medication Agreement may result in non-narcotic pain management treatments only, and possible dismissal from services through Doctors Osteopathic.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

## **Reviewed:**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature