



Informed Consent and Agreement for Chronic Opioid Therapy

My primary care provider is prescribing chronic opioid medicine, sometimes called narcotic analgesics, to me for a diagnosis of: _____

Alternative Treatment Options

I am aware about the possible risks and benefits of other types of treatments that do not involve the use of opioids. The other treatments discussed include: _____

Risks of Therapy

- I am aware that the use of chronic opioid medicine has certain risks associated with it, including, but not limited to: sleepiness or drowsiness, constipation, nausea, itching, vomiting, dizziness, allergic reaction, slowing of breathing rate, slowing of reflexes or reaction time, physical dependence, tolerance to analgesia, addiction and possibility that the medicine will not provide complete pain relief.
 - I am aware that even if I do not notice it, my reflexes and reaction time might still be slowed.
 - I am aware that addiction is defined as the use of a medicine even if it causes harm, having cravings for a drug, feeling the need to use a drug and a decreased quality of life. I am aware that the chance of becoming addicted to my pain medicine is low. I am aware that the development of an addiction has been reported in medical journals and is much more common in a person who has a family or personal history of addiction.
 - I understand that physical dependence is a normal, expected result of using these medicines for a long time. I understand that physical dependence is not the same as addiction. I am aware physical dependence means that if my pain medicine use is markedly decreased, stopped or reversed by some of the agents mentioned below, I will experience a withdrawal syndrome. This means I may have any or all of the following: runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches throughout my body and a flu-like feeling. I am aware that opioid withdrawal is uncomfortable but not life threatening.
 - I am aware that tolerance to analgesia means that I may require more medicine to get the same amount of pain relief. If it occurs, increasing doses may not always help and may cause unacceptable side effects.
- I am aware that other medicines may interact with opioid medications.
 - Nalbuphine (Nubain™), pentazocine (Talwin™), buprenorphine (Buprenex™), and butorphanol (Stadol™), may reverse the action of the medicine I am using for pain control. Taking any of these other medicines while I am taking my pain medicines can cause a withdrawal syndrome.
 - Alcohol, marijuana, sleep aids, benzodiazepine medications (ex: Valium™, Xanax™), cough syrups, allergy medications, etc., may cause increased sedation when taken with my pain medicines and impair my ability to function.

Administration

Business Office
(970) 224-1670
1300 Riverside Avenue, Suite 102
Fort Collins, CO 80524

Fort Collins

Horsetooth/Urgent Care
(970) 204-0300
3519 Richmond Drive
Fort Collins, CO 80526

Lemay
(970) 484-1757
1107 S Lemay Avenue, Suite 200
Fort Collins, CO 80524

West
(970) 221-5255
2001 S Shields Street, Building I
Fort Collins, CO 80526

South
(970) 225-0040
1113 Oakridge Drive
Fort Collins, CO 80525

Timberline
(970) 229-9800
2025 Bighorn Road
Fort Collins, Colorado 80525

Harmony
(970) 221-2290
2121 E Harmony Road, Suite 370
Fort Collins, CO 80528

CSU/Urgent Care
(970) 237-8200
151 W. Lake Street, Suite 1500
Fort Collins, CO 80524

Loveland

Foxtrail
(970) 619-6900
1625 Foxtrail Drive, Suite 190
Loveland, CO 80538

Windsor

Windsor/Urgent Care
(970) 686-0124
1683 Main Street
Windsor, CO 80550





- **Males Only:** I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire and physical and sexual performance. I understand that my provider may check my blood to see if my testosterone level is normal.
- **Females Only:** If I plan to become pregnant or believe that I have become pregnant while taking my pain medicine, I will immediately call my obstetric doctor and this office to inform them. I am aware that, opioid use during pregnancy is associated with dependence in the baby; in some cases leading to neonatal (newborn baby) opioid withdrawal syndrome; and has been associated with spontaneous abortion (miscarriage), premature delivery, poor fetal growth, stillbirth and possibly birth defects. Opioids should not be abruptly stopped during pregnancy. Based on this information, I will discuss family planning and contraceptive options with my provider.

Benefits/Treatment Goals

- The use of opioids to treat chronic pain is controversial because of uncertainty regarding the extent to which they provide long-term benefit.
- It should be understood that any medical treatment is initially a trial. Continued prescription use is contingent on evidence of benefit. Tolerance or failure to respond well to opioids may cause my provider to choose another form of treatment.
- In general, the chronic use of opioid medicines may improve your ability to function and decrease your pain. It is unlikely that your pain will be “zero” or completely go away. It is unlikely that you will regain all previous functional ability prior to having this type of pain.

Patient Expectations and Responsibilities

- I agree to tell my provider my complete personal and family history to the best of my knowledge including all other medications, vitamins, supplements and treatments that I am receiving. I will notify my provider of any side effects I experience from any of my medications.
- I will not be involved in any activity that may be dangerous to me or someone else if I feel drowsy or am not thinking clearly. Such activities include, but are not limited to: using heavy equipment or a motor vehicle, working in unprotected heights or being responsible for another individual who is unable to care for himself or herself.
- I will only obtain medicines for my chronic pain from the provider whose signature appears below or, during his or her absence, by the covering provider, unless specific authorization is obtained for an exception.
- I will obtain all of my medicines at the same pharmacy, when possible. Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is: _____
- I will not take more of my pain medicine than what is prescribed by my provider. Taking more medication than prescribed could result in overdose. Symptoms of overdose include sedation or loss of consciousness, difficulty breathing, and “pin-point” pupils.
- I give the provider prescribing my chronic pain medicines permission to discuss all diagnostic and treatment details with pharmacists or other professionals who provide my health care.
- I will not share, sell, or otherwise permit others to have access to my medications.
- I will take the highest possible degree of care when storing my medication and prescription as they may be hazardous or lethal to anyone who is not tolerant of their effects or may be sought by other individuals for misuse or abuse. I will especially keep medications out of the reach of children and pets.
- I will dispose of unneeded opioid medications by flushing them down the toilet or by taking them to the Fort Collins Police Drug Take Back Program located at 2221 S. Timberline. The Take Back Program is free, anonymous, and open daily. I will not place these medications in the trash. If I am unsure how to dispose of my medications, I will ask my provider or pharmacist.
- I will tell all other healthcare professionals that I am taking an opioid as my pain medicine to prevent the risk of drug interactions, side effects, or overdose. I understand that I will need an office appointment every 6 months for refills, or when requested by the PCP.
- I understand that I am to fill out a risk assessment tool and sign a pain contract annually as well as a urine drug screen.
- I understand that failure to adhere to these policies may result in my provider no longer prescribing my opiate medication or referral for further specialty assessment.





Provider Expectations and Responsibilities

- Medications may not be replaced if they are lost, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen and you complete a police report regarding the theft, an exception may be made.
- Periodic drug testing (ex: urine, blood) may be requested, and your cooperation is required. Presence of unauthorized substances may prompt referral for assessment for addictive disorder.
- The Colorado Prescription Drug Monitoring Program may be reviewed periodically to assess your adherence to prescribed treatment and this agreement.
- Early refills will generally not be given.
 - Prescriptions may be issued early if the provider or patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date.
- Renewals/refills are contingent on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends. Our office medication refill policy states that refills will be reviewed and sent on their scheduled day. Please plan to request refills in accordance with this policy.
- If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substance administration.
- Annual risk assessment tool to be completed, contract signed, and updated on an annually.

I have read this form or have had it read to me. I understand all of it. I have had a chance to have all of my questions regarding this treatment answered to my satisfaction. By signing this form voluntarily, I give my consent for the treatment of my pain with opioid pain medicines.

Patient's Signature

Date

Patient's Printed Name

Provider's Signature

*Adapted from the American Academy of Pain Medicine consent form-Approved by the AAPM Executive Committee on January 14, 1999 AFM
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