



Johnston Pain Management, P.A.

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Consent for Chronic Opioid Therapy

Opioid (also known as narcotic) treatment for chronic pain is used to reduce pain and improve what you are able to do each day. There are many other types of therapy for pain including exercise, behavioral pain management, physical therapy, injection therapy, and non-opioid pain medication.

The providers at Johnston Pain Management are prescribing opioid medication to you for a diagnosis of:

The use of opioid/narcotic medications to treat pain has many risks. These include but are not limited to the following:

Drowsiness, sleepiness, constipation, dry mouth, itching, vomiting, nausea, dizziness, allergic reaction, slowing of breathing rate, slowing of reflexes or reaction time, physical dependence, tolerance to analgesia, addiction, worsening of depression, problems with coordination, the possibility that the medication will not provide complete relief, respiratory depression and even death. These risks may be worse if you mix opioids with other drugs including alcohol.

Addiction: the use of medication even if it causes harm, having cravings for a drug, feeling the need to use a drug, using the drug even though it harms quality of life. Development of addiction is much more common in a person who has a family or personal history of addiction.

Physical Dependence: is a normal, expected result of using opioid/narcotic medications for a long time. This is not the same as addiction. This means that if pain medication use is suddenly stopped or decreased, withdrawal symptoms may occur. Withdrawal symptoms are the following: Runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches throughout the body, a flu-like feeling. This is quite uncomfortable but is NOT life threatening.

Tolerance: means that more medication may be required to get the same amount of pain relief. This is not usually a problem for patients with chronic pain; however this can occur. If this occurs, increasing doses does not always help and can cause unacceptable side effects. This may cause a physician to consider another form of treatment.

(MALES): Chronic opioid use is associated with low testosterone levels. This may affect mood, stamina, sexual desire, and physical and sexual performance. Sometimes, blood levels are checked to see if these levels are low.

(FEMALES): Opioid/Narcotic use can be harmful to fetus/baby. Babies carried to delivery while taking opioid medications will be physically dependent on opioids. Opioids may also cause developmental problems during pregnancy. Opioids usually are not associated with birth defects, however; they can occur.

Opioids may slow reaction time and reflexes, even if one does not feel that they are under the influence of these medications. It may be dangerous to be involved in the following activities if taking these medications: Driving, using heavy equipment, or being responsible for another individual who cannot care for themselves.

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

Patient Signature _____ Printed Name _____ Date _____

Witness to above _____ Printed Name _____ Date _____



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OPIOID AGREEMENT FORM

I _____ understand that following these guidelines for opioid therapy is important to my safety and necessary to continuing opioid therapy with Johnston Pain Management. I agree to follow **ALL** of the requirements of this agreement. I understand that per the recommendations of the Federal Drug Enforcement agency and the North Carolina Medical Board this form will be reviewed at 6 month intervals. I am completely responsible for every item on this list.

	INITIAL
I will take medications as directed by my provider.	
I will not increase or change medication dosing without the express approval of my provider. However, it is ok to take less than prescribed if it is not needed or if I am having side effects.	
I will not ask for opioids or other pain medicines from other medical providers outside of Johnston Pain Management.	
I will inform my providers of all medications I am currently taking.	
I will not fill any prescriptions for opioids from any other providers except with explicit permission from my providers at Johnston Pain Management.	
I will obtain all medications at one pharmacy. I will inform my providers at Johnston Pain Management if I need to change pharmacies. PHARMACY: _____	
I must bring in all opioid prescriptions to every visit . I will bring them in the original bottle even if the bottle is empty . I understand that failure to bring in medications/bottles may result in rescheduling of my appointment. I will not receive a prescription for opioid medications if I fail to bring in medication bottles.	
I am responsible for protecting my medications. I will keep them in a lock box and/or secured location.	
I will not give or sell my medications to anyone, including family members. I will not accept any opioid medication from anyone else.	
I understand that my prescriptions will not be refilled early. I understand that lost/stolen medications will NOT be replaced . The next prescription will not be written until it is due.	
I cannot dispose of prescribed medications. I will bring in any unwanted/unused medication to the clinic for witnessed disposal.	
I understand that I may be called into the office with my medications at any time.	
I understand that medication refills will not be called in over the phone for opioid medications. I must keep my clinic appointments for refills.	
I understand that laboratory tests will be used to monitor opioid usage, including urine samples, blood, and/or saliva samples.	
I will not be involved in any activity that may be dangerous to me or someone else if I feel drowsy or I am not thinking clearly as a result of my medications.	

(FEMALES) I will alert my provider immediately if I am pregnant to prevent any harm to the fetus from medication.	
I will not use any illegal substances (street drugs) while enrolled in this agreement.	
I agree to participate in psychiatric or psychological assessments if my provider thinks this is necessary for effective treatment.	
I understand that I may become addicted to pain medicines. In this situation, I will be referred for rehabilitation therapy.	

I understand that Johnston Pain Management may stop prescribing opioids if my behavior is inconsistent with any of the above. _____

I understand that Johnston Pain Management may stop prescribing opioids if I do not show any improvement in pain and or physical activity/daily functioning. _____

I understand that Johnston Pain Management may stop prescribing opioids if I fail to keep regularly scheduled follow-up appointments. _____

I understand that the providers of Johnston Pain Management may need to have contact with local, state, and/or federal law enforcement agencies regarding any illegal use of narcotics. I give my permission for the providers of Johnston Pain Management to discuss my medical treatment and the use of narcotic/opioid medications with other treating and/or prescribing physicians as well as any legal authorities that Johnston Pain Management deems necessary.

Patient signature _____ Printed name _____ Date _____

Witness _____ Printed name _____ Date _____