BARTZ-ALTADONNA
Community Health Center
californiahealth+

Patient Pain Management and Controlled Medication Contract

I, Name:_____, agree to the following rule and conditions regarding refills of prescribed pain or controlled medications.

My Pain or Controlled Medication:

1._____ Dose:_____mg Frequency:_____times/day

2._____ Dose:_____mg Frequency:_____times/day

3._____ Dose:_____mg Frequency:_____times/day

4._____ Dose:_____mg Frequency:_____times/day

Things I agree to do:

Initial next to each line:

____I will only get my pain or controlled medication from my Bartz-Altadonna Pain Management Provider.

____I will not change how I take my pain or controlled medication without discussing with my Pain Management provider.

____I will tell all other healthcare providers that I am taking pain or controlled medication.

____I will allow Bartz-Altadonna Pain Management Provider to discuss my health problems with other providers in the clinic for the purpose of improving my medical care.

____I will only ask for refills during an office visit with Pain Management provider Monday – Thursday 8:00am to 6:00pm.

____I will report any over-the-counter medications or herbal supplements to my Pain Management provider.

____I will tell the clinic staff if I get pain or controlled medications from another provider outside of Bartz-Altadonna.

____I will call the clinic at least 24 hours in advance if I need to cancel an appointment.

____I will keep my pain or controlled medication locked and in a safe place and away from children.

____I will agree to a urine drug screen at random and sample to be taken in the clinic a day before my appointment. If it is positive for any medications other that what is currently prescribed, the Pain Management provider may revoke pain or controlled medication prescriptions.

____If a urine drug screen is positive, I may be called back and must come to the clinic within a specified time to discuss the result with the Pain Management Provider.

____ I will always be courteous and respectful to all Bartz-Altadonna staff when I make an appointment, see my provider or requesting a medication refill over the phone

I will get my pain or controlled medication from _____Pharmacy, Phone #_____

Other:_____

Patient Signature:_____ Date:_____

Provider Signature:_____ Date:_____

Patient Pain Management and Controlled Medication Contract

I, Name:_____, agree to the following rules and conditions regarding refills of prescribed pain or controlled medications.

I will NOT:

Initial next to each line:

____Share, sell or trade my pain or controlled medication with anyone.

____Use someone else's pain and controlled medication or use illegal street drugs or substances

____Drink alcoholic beverages

____Drive a vehicle while taking controlled medications.

____Ask for refills before due date. Lost or stolen prescriptions included. No refills after hours, holidays, or weekends.

I understand if I do not perform the agreed actions listed above the Pain Management provider may:

Initial next to each line:

____Terminate pain or controlled medication prescriptions for me.

____May refer me to a drug treatment program.

____May discharge me from Bartz-Altadonna and my health plan may be notified of narcotic or controlled medication fraud or abuse.

I know:

Initial next to each line:

____The clinic staff and pharmacy may work with law enforcement to investigate any misuse or sale of controlled medication.

____If I drive while taking controlled medication, I can be charged with driving under the influence (DUI).

____Physical dependence and tolerance can occur with opioid and other controlled medications.

____Misuse of pain of controlled medications may lead to injury or death.

____Once my controlled medication prescriptions are revoked, I may no longer receive controlled medications from another Bartz-Altadonna provider.

Helping People Heal
BARTZ-ALTADONNA
Community Health Center
californiahealth+

Patient Signature:_____ Date:_____

Provider Signature:_____ Date:_____

Copy to patient, Copy in chart.

Revised 01/22/2020