



Weill Cornell Medicine

Weill Cornell Pain Medicine

PAIN MEDICINE PRACTICE CONTROLLED DRUG PRESCRIPTION AGREEMENT

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you. These medications are regulated by the United States Food and Drug Administration, New York State, and Drug Enforcement Administration.

The long-term use of such substances as opioids (narcotic analgesics), benzodiazepine tranquilizers, and barbiturate sedatives is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. The extent of this risk is not certain. Because these drugs have potential for abuse, misuse, or diversion, strict accountability is necessary when use is prolonged. For this reason the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of the physician whose signature appears below to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. If you are prescribed opioids from the pain clinic, future prescriptions must come from the physician whose signature appears below or, during his or her absence, by the covering physician, unless specific authorization is obtained for an exception. However, if you reach a "Stable" dose of medication that allows a satisfactory balance of functional and pain improvement and minimizes side effects, you may be transferred back to your primary care provider for future prescriptions. Your Pain Physician will coordinate this. Multiple sources can lead to untoward drug interactions or poor coordination of treatment.
2. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, our office must be informed.
3. You are expected to inform our office of any new medications or medical conditions, and of any adverse effects you experience from any of the medications that you take.
4. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability.
5. You may not share, sell, or permit others to have access to these medications.
6. These drugs should be taken as prescribed including dose and frequency and may not be altered without direct approval from your Physician. Also they should not be stopped abruptly, as a withdrawal syndrome may develop.
7. Unannounced urine, saliva, or serum toxicology screens may be requested, and your cooperation is required. Presence of unauthorized substances will be noted in your medical record and may prompt referral for assessment for addictive disorder along with discontinuation of your opioid prescriptions.
8. These medications may be sought by other individuals with chemical dependency and should be closely safeguarded. It is expected that you will take the highest possible degree of care with your medication and prescription. They should not be left where others might see or otherwise have access to them. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people.
9. You may be asked to bring original containers of prescribed medications to your follow up visit.
10. You will refrain from use of illegal drugs or alcohol with the use of these medications.
11. You understand that you may place yourself or others at risk if you drive or operate heavy machinery.
12. You may be asked to participate in psychological or psychiatric assessments as part of your treatment in order to best monitor use of these medications.
13. Medications may not be replaced if they are lost or are destroyed. If your medication has been stolen and you complete a police report along with a letter recounting the event regarding the theft, an exception may be made. Only one lost prescription or

14. Early refills will generally not be given. Renewals are contingent on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends as requests will not be honored.
15. 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 substances administration.
16. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substances prescribing by this physician or referral for further specialty assessment.
17. As per New York State Law, your doctor will check the State's Prescription Monitoring program to verify your opioid prescription history.
18. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit. You agree that these medications may stop being prescribed if you:
 - A. Don't show improvement in function
 - B. Behave in a way not consistent with the above responsibilities.
 - C. Give away, sell, or misuse the opioids
 - D. Develop an addiction problem from opioids
 - E. Don't cooperate with responsibilities listed above, or refuse drug screening.
 - F. Experience a serious adverse outcome to treatment.
 - G. Don't keep regular follow up appointments
19. The risks and potential benefits of these therapies are explained elsewhere [and you acknowledge that you have received such explanation.
20. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all of its terms.

Patient's Signature

Print Name

MD/NP Signature

Date

Weill Cornell Pain Medicine; *Controlled Substances (Opioids) Safety Guidelines*

Possible Side Effects of your opioids include but are not limited to:

Confusion, Nausea, Vomiting, Constipation, Dry Mouth, Low Testosterone, Central Sleep Apnea, Opioid Use Disorder and Addiction, Aggravation or Depression, Breathing too slowly or overdose causing you to stop breathing.

You may also develop:

Psychological Dependence—it is possible stopping the opioids may cause you to miss or crave the drug

Tolerance—you may need more and more drug to get the same effect.

Addiction—Patients may develop addiction to opioids

Problems with pregnancy—if you are pregnant or contemplating pregnancy, discuss with your provider.

Stopping opioids abruptly may cause the following due to physical dependence:

Runny nose, abdominal cramping, diarrhea, sweating, nervousness, difficulty sleeping, rapid heart rate, goose bumps

It is recommended you keep a diary of the pain medications you are taking including doses, time you take the medication, time of day, their effectiveness, and any side effects.

Please call 646-962-7246 with any questions or concerns.

For medical emergencies please dial 911, or proceed to your nearest emergency room.



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Date _____

Patient Name _____

OPIOID RISK TOOL

		Mark each box that applies	Item Score If Female	Item Score If Male
1. Family History of Substance Abuse	Alcohol	[]	1	3
	Illegal Drugs	[]	2	3
	Prescription Drugs	[]	4	4
2. Personal History of Substance Abuse	Alcohol	[]	3	3
	Illegal Drugs	[]	4	4
	Prescription Drugs	[]	5	5
3. Age (Mark box if 16 - 45)		[]	1	1
4. History of Preadolescent Sexual Abuse		[]	3	0
5. Psychological Disease	Attention Deficit Disorder, Obsessive Compulsive Disorder, Bipolar, Schizophrenia	[]	2	2
	Depression	[]	1	1

TOTAL _____ _____

Total Score Risk Category

Low Risk 0 - 3

Moderate Risk 4 - 7

High Risk ≥ 8

Reference Webster LR. Predicting aberrant behaviors in opioid-treated patients. *Pain Medicine*. 2005;6(6):432-442. Used with permission. Preliminary validation of the opioid risk tool