

Treatment Contract for the use of an opioid medicine (morphine-like painkiller) for the management of chronic pain

Patient name:

Address:

Date of birth: PLEASE COMPLETE ALL DETAILS

I, ,understand that (a strong opioid) is to be prescribed to me in an attempt to improve my level of functioning and reduce my pain. My medical practitioner and I have discussed that strong opioid (morphine-like) medicines may only be partially helpful in achieving this goal and on occasion will not help at all. It has been explained to me that studies have shown that a dose above 90mg per day of morphine, or equivalent of other opioid medicines, is likely to cause me side effects that outweigh any pain relieving benefit. I also understand that I may become tolerant to this group of drugs, which means that a given dose which helps me initially, may not be helpful over the longer term. I understand that an opioid medicine is only one part of the management of my chronic pain.

My medical practitioner and I agree to the following conditions regarding my treatment and the prescribing of an opioid medicine for my pain:

1. My medical practitioner is responsible for prescribing a safe and effective dose of an opioid medicine. I will not use an opioid medicine other than at the dose prescribed and I will discuss any changes in my dose with my medical practitioner.
2. I am responsible for the security of my opioid medicine. Lost, misplaced or stolen medicines or prescriptions for opioid medicines will not be replaced.
3. I will only obtain my opioid medicine from the medical practitioner who signs this contract, or other doctors in the same practice authorised to prescribe to me. I understand that no early prescriptions will be provided.
4. Whilst most people do not have any serious problems with this type of medicine when used as directed, there can be side effects. My medical practitioner has explained the main ones to me, and I will tell him or her if I experience what could be side effects.
6. As possible dependence is important in the management of my pain, I have informed my medical practitioner of any present or past dependence on alcohol or drugs that I may have had, and of any illegal activity related to any drugs (including prescriptions medicines) that I may have been involved in. If there are concerns that the medication is not used properly as prescribed and there are issues of safety to children the prescriber may discuss this case with other non NHS agencies
7. I am aware that providing my opioid medicine to other people is illegal and could be dangerous to them.
8. My medical practitioner respects my right to participate in decisions about my pain management and will explain the risks, benefits and side effects of any treatment.

9. My medical practitioner and I will work together to improve my level of functioning and reduce my pain.

10. I understand that my medical practitioner may stop prescribing my opioid medicine or change the treatment plan if my level of activity has not improved, if I do not show a significant reduction in my pain, or if I fail to comply with any of the conditions listed above.

Patient's signature:

Patient's name: Date:

Medical practitioner's signature:

Medical practitioner's name:

Please provide a copy of the signed contract to the patient.

Why do I need to sign a treatment contract?

Both you and your doctor are subject to strict regulations when an opioid medicine is prescribed.

A treatment contract is used so that your doctor is sure that you understand what is expected from you whilst you take this type of medicine, and that you consent to the requirements described in this contract.