Informed Consent Agreement for >80mg of a Morphine Equivalent Daily Dose (MED) "Trigger Point"

I have been diagnosed with some form of intractable pain refractory to conservative treatments that has been persistent for over 6 months. Therefore, I have been referred to Beresh Pain Management for treatment and monitoring. During my treatment at Beresh Pain Management, Inc., I have been informed about the potential adverse effects of long-term opioid therapy.

I understand that there are alternative treatments which include, but are not limited too; Trigger point injections, epidural injections, physical therapy, aqua therapy, surgery, spinal cord stimulation, interthecal pump, acupuncture, chiropractic care, bracing, transdurmal electrical nerve stimulation, etc. all which have been reviewed as options or I have tried, failed, or have documented reasons for not pursuing.

The goal of my current therapy is to reduce my pain to a level that is tolerable and will allow me to improve my day to day functioning. I understand that my therapy requires me to see my pain physician every month to evaluate my functional status, behavior, progress, effects from such therapies and to review all other treatment options as my disease(s) progresses.

I understand that the daily use of opioids increases certain risks, which include but are not limited to:

- Addiction
- Nausea, vomiting and constipation.
- Impaired judgment, sleepiness, and confusion
- Allergic reactions, overdose and fatal complications
- Breathing problems (which can be worsened with the use of benzodiazepines: ativan, valium, xanax, klonopin)
- Dizziness
- Impaired ability to operate machines or drive motor vehicles
- Development of tolerance

All of these have been explained to me and I am aware of the signs and symptoms of addiction, dependence and abuse to which I can help monitor for with the help of my physician. I have been provided with this information for my safety and understand the increased risks that come with taking > 80mg of MED.

I agree to the following guidelines:

1. I will take this medication as prescribed by my provider. I will not vary the dosage or interval without authorization from my provider.
2. I will submit to random urine, blood, or saliva tests if requested by my provider to assess my compliance.
3. I will obtain all my pain prescriptions through Beresh Pain Management, Inc. providers and will fill all prescriptions at the pharmacy listed in my narcotics agreement.
4. Due to the potential for misuse, I know that I will be unable to obtain early refills or replacement of lost or stolen medication. Refills will only be made during regular business hours.
5. I agree to bring any unused medication into the office for appropriate destruction. Including if I have a bad reaction to a medication, I need to bring in the remaining to be prescribed something different.
6. If I do not follow these guidelines I understand that my treatment with opioids may be terminated.

I have discussed the risks, benefits and alternatives to narcotic treatment with my provider. I have had the opportunity to ask questions and receive answers to those questions to my satisfaction.

Patient Signature	Date	Provider Signature	Date