Pain Management and Narcotic Use Contract

I, _____, agree to the following provisions to continue to receive narcotic pain medications for my chronic pain concerns:

1) I will only receive narcotic pain medication or other controlled substance prescriptions from Greenlake Primary Care providers.
2) I will only fill narcotic pain or controlled substance medication prescriptions at _____ pharmacy.
3) I understand these medications are for my personal use only.
4) I will not expect or request early refills or additional tablets in addition to the number of tablets agreed to for my chronic condition.
5) If an adjustment in the amount of medication is needed, I will schedule an office visit to discuss this with my provider.
6) Lost or stolen medications will not be replaced.
7) In case of emergency, surgery or hospitalization I will inform the doctor in charge of my care in that situation that I am on a chronic narcotic pain management program and if they choose to prescribe additional or different pain medications a record of that should be sent to Greenlake Primary Care.
8) Urine or blood testing may be requested to verify what substances are in my system. Failure to comply with testing may result in denial of prescriptions.
9) I understand that not following these agreements may result in discontinuation of all narcotic or controlled substance prescriptions being prescribed from this clinic and could potentially result in my needing to terminate care at Greenlake Primary Care entirely.

Provider: _____ Patient: _____
Date of initial contract: _____

Date:	Medication Type and Dose:	Initials of patient: