DEPARTMENT OF THE ARMY
MADIGAN ARMY MEDICAL CENTER
TACOMA, WASHINGTON 98431

REPLY TO
ATTENTION OF:

Pain Treatment Agreement

1. This agreement is essential to the trust and confidence necessary between a provider and patient with chronic pain. The goals of treatment are not to completely eliminate pain but to partially relieve my pain in order to improve my ability to function.

I understand that due to my history of narcotic dependence, opioid medication will be used only for acute pain management at the discretion of the provider.

Patient Rights: As a person with pain, I have the right to:
" Have my reports of pain taken seriously. My reports are the best indicator of the amount of pain present.
" Have my pain assessed and treated appropriately
" Actively participate in decisions about managing pain
" Be treated with dignity and respect by all medical personnel.

☑ Yes	☐ No

2. Patient Responsibilities:
1. I will take medications as prescribed and will not increase or decrease without approval of provider. No allowance will be made for using more frequently than prescribed.
2. I will have an opportunity to discuss my medications at each visit.
3. I will obtain my narcotic medications only from my assigned provider or his/her designee.
4. Lost or stolen medicines will not be replaced. I will safeguard my medicines.
5. I agree to use no other pharmacy outside of MAMC.
6. I will not share, sell or hoard or otherwise misuse my medication.
7. I will not attempt to obtain any controlled medicines, including narcotic pain medicines, stimulants or tranquilizer medicines from any other provider..
8. I agree to refrain from driving a motor vehicle or operating dangerous machinery and/or engaging in other hazardous activities until narcotic associated drowsiness resolves. I understand other common side effects may include nausea, constipation or itchiness of skin.
9. I will not use any illegal substances such as marijuana or cocaine. I agree to random drug screening.
10. I will inform my provider of any alcohol use. I understand the use of alcohol with narcotics could be extremely damaging to my health.

☑ Yes	☐ No

1. I agree to participate in programs to improve my pain: such as yoga, exercise physical therapy, behavioral modification, biofeedback, psychological aspects of pain management, counseling therapy, stress reduction program, pain coping skills, nutrition if recommended by my

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rovider.

12. If there is no evidence of benefit from narcotic pain medication or improvement of daily functional ability, I agree to taper off narcotic medications.

13. If I break this agreement my provider will taper the medication over a period of several days as necessary to avoid withdrawal symptoms and I will need to find a new provider.

14. The patient should be aware that providers may, by law, share information with other providers about the patient's care.

✓ Yes	○ No

4. This agreement is entered into on the date 11 Aug 2008:

Patient signature: [redacted]

Provider signature: [redacted] Jeffrey J. Waggoner (b) (6)