

MATERIAL RISK NOTICE

This will confirm that you, _____, have been diagnosed with the following condition(s) causing you chronic intractable pain: _____.

I have recommended treating your condition with the following controlled substances: _____.

In addition to significant reduction in your pain, your personal goals from therapy are: _____.

Alternatives to this therapy are: _____.

Additional therapies that may be necessary to assist you in reaching your goals are: _____.

Notice of Risk: The use of controlled substances may be associated with certain risks such as, but not limited to:

Central Nervous System: Sleepiness, decreased mental ability, and confusion. Avoid alcohol while taking these medications and use care when driving and operating machinery. Your ability to make decisions may be impaired.

Cardiovascular: Irregular heart rhythm from mild to severe.

Respiratory: Depression (slowing) of respiration and the possibility of inducing bronchospasm (wheezing) causing difficulty in catching your breath or shortness of breath in susceptible individuals.

Gastrointestinal: Constipation is common and may be severe. Nausea and vomiting may occur as well.

Dermatological: Itching and rash. Endocrine: Decreased testosterone (male) and other sex hormones (females); dysfunctional sexual activity.

Urinary: Urinary retention (difficulty urinating).

Pregnancy: Newborn may be dependent on opioids and suffer withdrawal symptoms after birth.

Drug Interactions: With or altering the effect of other medications cannot be reliably predicted.

Tolerance: Increasing doses of drug may be needed over time to achieve the same (pain relieving) effect. Physical dependence and withdrawal: Physical dependence develops within 3-4 weeks in most patients receiving daily doses of these drugs. If your medications are abruptly stopped, symptoms of withdrawal may occur. These include nausea, vomiting, sweating, generalized malaise (flu-like symptoms), abdominal cramps, palpitations (abnormal heartbeats). All controlled substances (narcotics) need to be slowly weaned (tapered off) under the direction of your physician.

Addiction (Abuse): This refers to abnormal behavior directed towards acquiring or using drugs in a non-medically supervised manner. Patients with a history of alcohol and/or drug abuse are at increased risk for developing addiction.

Allergic reactions: Are possible with any medication. This usually occurs early after initiation of the medication. Most side effects are transient and can be controlled by continued therapy or the use of other medications.

This confirms that we discussed and you understand the above. I asked you if you wanted a more detailed explanation of the proposed treatment, the alternatives and the material risks, and you (Initial one):

_____ was satisfied with that explanation and desired no further information.

_____ requested and received, in substantial detail, further explanation of the treatment, alternatives and material risks.

PATIENT SIGNATURE DATE _____

Explained by me and signed in my presence.

PHYSICIAN SIGNATURE DATE _____