Doctors Inlet Spine & Pain: 430 College Dr, # 104-106, Middleburg, FL 32068
Avenues Spine & Pain: 10175 Fortune Parkway, # 401, Jacksonville, FL 32256
FL Dept of Health Registered Pain Management Clinic: License# PMC647
Designated Pain Management Physician: Milind Tilak, MD
Telephone: 904-298-1994 Fax: 904-298-1973

OPIOID INFORMED CONSENT

PHILOSOPHY: Our office philosophy is to reserve opioid medications for those cases of intractable pain where the benefits outweigh the risks. Opioid medications are powerful pain relievers, but the evidence is marginal for their benefit in long term pain. Our professional opinion is that long term pain control is best done with a multi-modal approach combining exercise, life style changes, non-opioid medications, injections, and physical therapies. When necessary opioids can be a helpful addition, but should play a minor role in overall care.

SIDE EFFECTS OF OPIOIDS: Mental cloudiness, nausea, constipation, problems with balance and coordination that may make it unsafe to operate equipment or a motor vehicle, drowsiness, breathing slowly, aggravation of depression and dry mouth. These side effects can worsen with alcohol.

*Physical dependence: This means that when stopping the opioid, after taking it daily for more than a few weeks, one may experience withdrawal.
*Psychologic Dependence: This means that stopping the drug may cause you to miss or crave it.
*Tolerance: This means you may need more and more of the drug to get the same pain-relief.
*Addiction: A small percentage of patients may develop this which means usually a life-long craving and drive to seek the drug for a high or feel-good despite experiencing harm in one's life. Seeking & taking the medication purely to relieve pain where function is improved without harm is NOT addiction even if there is physical dependence.
***Respiratory Suppression: Opioids can slow breathing and if taken excessively can cause death. They should not be combined with alcohol, benzodiazepines, sleeping pills, or muscle relaxants which can enhance this suppression. The above is the most common cause of death related to opioids.**

RECOMMENDATIONS FOR STORAGE AND SAFEKEEPING:

*Use a medication reminder pill box that you can purchase at your pharmacy that is already divided into the days of the week and times of the day so it is easier to remember when to take your medication.
*Keep your opioid medications under lock if there are any family or household members or strangers that may have any access to them. You may purchase locking briefcases or safes for this purpose.

EDUCATIONAL RESPONSIBILITY:

I agree to read this agreement multiple times and then monthly to get familiar with all its terms. I agree to visit the following websites frequently and **then monthly as it has very valuable information regarding opioids, its dangers and how to minimize its risks.**
www.cdc.gov/drugoverdose/opioids
www.cdc.gov/rxawareness
www.hhs.gov/opioids
www.cdc.gov/drugoverdose/prevention/
www.samhsa.gov/atod/opioids

1.For female patients: If I plan to become pregnant or believe that I have become pregnant while taking opioids. I will immediately call my obstetrician and this office. I am also aware that opioids may cause a birth defect. We can change your pain medications to a safer category in pregnancy.

2. I understand that I must tell Dr. Tilak or his colleagues of all drugs that I am taking, have purchased, or have obtained, even over-the-counter medications. Failure to do so may result in drug interactions or overdose that could result in harm to me, including death.

3**. I agree to keep naloxone emergency kit available at all times for accidental opioid overdose and share this information with my close family/friends.**

_____: Initial

4. I will not seek prescriptions for controlled pain medications from any other physician or health care provider except in case of emergency. I understand it is unlawful to be prescribed the same controlled medication by more than one physician at a time without each physician's knowledge and may result in arrest and prosecution from law enforcement.

5. I also understand that is unlawful to obtain or attempt to obtain a prescription for a controlled substance by knowingly misrepresenting facts to a physician or his/her staff or knowingly withholding facts from a physician or his/her staff (including failure to inform the physician or his/her staff of all medications that I have been prescribed).

6. All controlled substances must be obtained at the same pharmacy. Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is:

Pharmacy Name: _____Phone: _____

7. You agree to not share, sell, or otherwise permit others, including your spouse or family members, to have access to any controlled substances that you have been prescribed.

8. Early refills will not be given. I will not consume more pain medications than prescribed and remain compliant to all aspects of treatment. Renewals are based upon keeping scheduled appointments. Please do not make phone calls for change in prescriptions or early refills unless you develop side effects. Do not phone for refills after hours or on weekends. We reserve the right to charge you for after hour phone calls, as permitted by your insurance. I also give permission to speak to my family members about the effects of opioid medications, as needed.

9. I understand that Dr. Tilak or his staff have no obligation to continue writing the opioids if they believe they are not useful or the risks outweigh the benefits.

10. Unannounced pill counts, random urine or serum, or planned drug screening may be requested from you and your cooperation is required. Presence of unauthorized substances in urine or serum toxicology screens may result in discharge from treatment by the facility and its physicians and staff. If I refuse to take a urine drug test, I understand that the medications will be stopped.

11.. I will not use, purchase, or otherwise obtain any illegal drugs, including marijuana, cocaine, etc. I understand that driving while under the influence of any substance, including a prescribed controlled substance or any combination of substances (e.g., alcohol and prescription drugs), which impairs my driving ability, may result in DUI charges. I will refrain from driving or operating machinery until I am alert to do so safely.

12. Medications or written prescriptions may not be replaced if they are lost, stolen, get wet, are destroyed, left in hotel, etc.

13. I agree to keep appointments with Mental Health counselor (when recommended) to learn about cognitive behavioral therapy to cope with pain.

14. I also give Dr. Tilak or his staff permission to report and discuss any suspicious behavior with law enforcement agencies.

15. Many chronic pain patients have anger issues or issues with violent thoughts or mood problems. If you have any of these, we would like to know as we can address them.

16. I agree to share this document with my close family member/friend so they can be educated about pain management issues and also so they can reach us should they have any concerns regarding you/your medications. We will keep their calls confidential.

17. We recommend the following websites for home physical therapy/exercises: www.drtilak.com (click on link option); www.spine-health.com; www.webmd.com. Alternatively, you can do a google search for "exercise videos" for your medical diagnosis and choose videos posted by physical therapists or renowned organizations.

18. I affirm that I have full right and power to sign and to be bound by this agreement, that I have read it, and understand and accept all of its terms. **A copy of this document has been given to me. All of my questions have been answered. I agree that it is in my best interests to lower my opioid dose and to go off of these as soon as my pain is controlled with non-opioid methods.**

_____

Patient Name Date

_____

Patient Signature Date

_____

Witness Signature Date