

***Patient Informed Consent and Notice of Material Risks
For Treatment of Intractable Pain With Controlled Substances***

Dear _____:

This will confirm your diagnosis of _____, a condition causing you intractable pain. I have recommended treating your condition with _____
_____. I anticipate that this treatment will _____
_____.

We have discussed the following alternative therapies: _____

We have discussed potential side effects and risks of controlled substances, including:

- sleepiness, confusion, difficulty thinking
- nausea, vomiting, constipation
- difficulty breathing, shortness of breath, wheezing
- rash, itching
- potential for allergic reaction
- potential for interaction with other medications (increasing effects or side effects of drugs taken together)
- potential for dose escalation/tolerance (need for higher doses for the same effect may occur with long term use)
- potential for dependence (after the body adjusts to these medications, they cannot be stopped abruptly without physical symptoms)
- potential for withdrawal (stopping medications abruptly may cause nausea, vomiting, abdominal pain, sweating, aching, abnormal heartbeat or other symptoms that can be life threatening; medication changes should be under provider supervision)
- potential for addiction (compulsive drug use not related to pain relief)
- potential for impaired judgment and/or motor skills (driving or operating machinery may be hazardous due to effects on the brain and nerves)
- other: _____

continued on back

This confirms that I asked you if you wanted a more detailed explanation of the proposed treatment, the alternatives **and the material risks, and you (check one):**

- Are satisfied with that explanation and desire no further information.**
- Requested and received, in substantial detail, further explanation of the treatment, alternatives and material risks.**

If this form accurately represents our discussion, and if you are satisfied with the explanation given, you must sign this document indicating your consent to the use of controlled substances in treating your intractable pain prior to commencing the treatment.

Signed: _____ Date: _____

Explained by me and signed in my presence:

Signed: _____ Date: _____