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## **PAIN MANAGEMENT CONSENT**

**PATIENT NAME:** \_\_\_\_\_

While under the care of NJSS, I have read, understand and agree that both long and short term narcotic medications use can result in; especially in long term use:

1. Serious and deadly consequences if I drink alcohol while taking narcotic medications.
2. Hormonal changes: erectile dysfunction, hypogonadism, osteoporosis, depression, and cognitive impairment (memory problems).
3. Hyperalgesia (increased sensitivity)
4. Tolerance
5. Dependency
6. Addiction
7. Death

I agree to report any of the above including any side effects to my physician(s) immediately.

I agree not to buy, sell, share or trade my medications and agree not to take more than what is prescribed by my treating physician(s).

I agree not to take any illicit (non-prescribed) drugs including cocaine, heroin, marijuana (THC) and others.

I agree that the use of **narcotics is not permanent** and I agree to be weaned off when I and my physician(s) deem it medically necessary.

I understand and agree that if I break this agreement between me and NJSS, I will be discharged permanently from NJSS.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **PAIN MANAGEMENT CONTRACT**

**PLEASE READ VERY CAREFULLY BEFORE SIGNING THE CONTRACT.**

**PATIENT NAME:** \_\_\_\_\_

1. I understand that while under the care of **New Jersey Sports and Spine Medicine, P.C.**, I will **NOT** share my prescriptions with anyone including family members or dispense of it in any ILLEGAL manner.
2. I will **NOT** use any **ILLICIT** drugs including marijuana, cocaine, heroin or any others. Failure to comply would result in discontinuation of narcotic medications from NJSS and I agree to be discharged should I breach this contract.
3. I will use my medication as prescribed and for the intended purpose or medical condition and **NOT** to exceed the dosage.
4. I will **NOT** call New Jersey Sports and Spine Medicine, P.C, under any circumstances for medication refills or prescription (s) before my next appointment is due.
5. If for any reason(s) my medication finishes before my next appointment, I agree to take any **over the counter pain medication** until my appointment time to obtain refills.
6. While I am under the care of New Jersey Sports and Spine Medicine, P.C, I AGREE to designate and obtain ALL MY PRESCRIPTIONS from **ONE PHARMACY ONLY.**
7. I **CANNOT** obtain opioid or narcotic prescriptions from more than ONE Doctor, physician's office, practitioner or any of his or her associates.
8. I agree to **random urine test** at my own cost or that of my insurance.
9. My inability to undergo **RANDOM URINE TEST** for any reason (s) either being **financial or otherwise is a breach of this CONTRACT** and my relationship between me as a patient and New Jersey Sports and Spine Medicine, P.C. will **END** and the Doctor can no longer prescribe narcotics or opioid to me.
10. If urine test shows that I have **NOT** been compliant with the medications the Doctor-patient relationship will be **DISCONTINUED permanently.**
11. I agree to bring my prescriptions for my appointment to undergo pill counting at a random request.
12. I agree that opioid or narcotic use **CANNOT be CHRONIC OR FOREVER.** I therefore AGREE that New Jersey Sports and Spine Medicine, P.C and myself will make every effort to SAFELY WEAN ME FROM THESE MEDICATIONS AND TO SWITCH TO NON-OPIOID OR NON-NARCOTIC MEDICATIONS.
13. I will report ALL SIDE EFFECTS of any medications PROMPTLY to New Jersey Sports and Spine Medicine, P.C.
14. I AGREE THAT ANY BREACH OF ANY OF THE ABOVE AGREEMENTS WILL RESULT IN DISCONTINUATION OF RECEIVING ANYMORE NARCOTIC (OPIOID) FROM NJSS AND MY CARE UNDER New Jersey Sports and Spine Medicine, P.C. WILL TERMINATE due to my non-compliance.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_