



Pain Management Department Program Participation Agreement

Taking part in your treatment plan is very important to how well we can help you meet your goals. By working together, our goals are to provide pain relief, increase in function, activity and quality of life. However, please be aware that it may not be possible to totally relieve your pain.

Your treatment plan might include procedures such as steroid injections, Physical Therapy, Occupational Therapy, Psychology consultations, Dietary consultations, and/or Medication Management. It is important that you are at all of your appointments and follow up with all the consultations and treatments ordered as part of your treatment plan.

Wisconsin Health Fund’s Pain Management Department and its Physicians ask that you agree to the following:

- 1. Appointments:
 - a. Please notify Wisconsin Health Fund at least 24 hours ahead of time if you will miss your appointment.
 - b. If you miss your appointment without letting us know you will be considered a “no show” and will have to make another appointment.
 - c. More than two “no show” appointments may cause you to be discharged from Pain Management.
- 2. Responsibility for your Medications:
 - a. You need to keep track of the amount of medicines you have.
 - b. You will keep track of when you need refills so you will not to run out of medicine.
 - c. If you call for additional refills you will need to allow 1-2 weeks for approval.
 - d. If you get Emergency Care where prescriptions for pain medicines are given to you, you must contact the Wisconsin Health Fund and notify the nurse the next business day.
 - e. You must inform your Pain Management doctor of **all** other medications you are taking.
 - f. You must inform your other health care providers of **all** the pain medications you are taking, including but not limited to emergency care providers.
 - g. You agree not to use illegal drugs, street drugs, another person's prescription or another person’s prescription drugs.
- 3. If Narcotics or other strong pain medications are prescribed to control pain:
 - a. You will not get prescriptions for narcotic pain medicines, or other medicines to control your pain, from any other person or doctor while you are in the pain management program.
 - b. You will take your medicines as the doctor has ordered them.
 - i. If you find that your medication plan is not controlling your pain, you will contact Pain Management and not take more medicine than is ordered.
 - ii. You agree not to increase, decrease or change in any way how you take the medications prescribed for you, without the prior approval of your Pain Management doctor
 - c. You are responsible for any lost, stolen, misplaced, or damaged medications.
 - i. Once a prescription is given to you, we will not replace it under any circumstance.
 - d. You agree to use only one pharmacy for your pain medicines. You must tell us the name of your pharmacy (if requested), and you must provide consent for your Pain Management caregiver to contact your pharmacy and exchange information about you with your pharmacy’s pharmacist (if requested).
- 4. Drug Screening and Other Treatments:
 - a. As part of your treatment plan, random drug screening may be ordered, and you must comply.
 - b. If this drug screening shows you are taking different medicines or drugs than ordered, or not taking the medicines that have been ordered, you may be discharged from Pain Management.
 - c. Refusing a random drug screen will be cause for immediate discharge from Pain Management.
 - d. As part of your treatment plan, you may be required to participate in medical or psychological assessments recommended by your doctor, and you must comply.
 - e. As part of your treatment plan, you may be required to participate in programs designed to improve your function (including but not limited to physical, social, psychological, daily activities and/or work activities), and you must comply.
 - f. If your doctor believes you have an alcohol or drug addiction problem, as part of your treatment plan you may be required to enter an appropriate addiction program, and you must comply.

Choosing to break your agreement with Pain Management may cause your treatment at the Pain Management Department to be stopped, including your narcotic or other pain medications prescribed to you.

Patient Signature: _____ Date: _____

Explained and Witnessed by: _____ Date: _____

Original – chart Copy – patient