

**Stockton Heath Medical Centre
Patient Agreement for Opiate based medication**

The purpose of this agreement is for you to develop an understanding regarding the risks of taking an opiate type medication in the treatment of chronic non-cancer pain and the responsibilities both you and your doctor have.

I understand that I am being prescribed a controlled drug.

The risks and benefits of this medication have been explained to me including
risk of dependence and addiction
risk of drowsiness and confusion - which can lead to falls, injuries and road traffic accidents
risk of reduced ability to fight infection
risk of reduced sex drive, problems with erections, irregular periods, reduced fertility
possible increased levels of pain
risk constipation weight gain itching
risk of reduced breathing at night - particularly in people who have chronic respiratory problems e.g. asthma and COPD

My GP may only advise that I be prescribed this medication for a given period of time and will always aim to prescribe this medication at the lowest effective dose for the shortest duration of time necessary.

I understand that I will require regular review with my doctor whilst taking this medication before repeat prescriptions are issued.

I understand that there can be difficulties reducing and stopping this medication after long term use and if necessary I may be offered expert support in reducing off this medication by a member of the local community drug team.

As the patient I agree that I am :

Responsible for the safe keeping of my medication and understand that if it is misplaced, damaged or stolen a replacement supply will not be prescribed earlier than the due date from the original issue.

I agree that I will take my medication as prescribed and will not ask for medication to be prescribed earlier than it is due.

I agree that I will not receive prescriptions for opiate type medication from any other source whilst I am being prescribed this medication by my GP.

I agree to store my medication in a safe place - away from children and vulnerable people

I understand that this medication can affect my ability to drive safely.
I understand that I am obliged to inform the DVLA that I am taking this medication
I will not drive if I feel this medication is impairing my ability to drive safely.

Signed.....Print Name.....Date.....

References

British Pain Society - Opioids for persistent pain - information for patients (2010)
https://www.britishpainsociety.org/static/uploads/resources/files/book_opioid_patient.pdf

British Pain Society - Opioids for persistent pain - good practice (2010)

West Of Scotland Chronic Non-Malignant Pain Opioid Prescribing Guidance (2013)
<http://www.dgprescribingmatters.co.uk/documents/Use%20of%20Opiates%20in%20chronic%20non%20malignant%20pain.pdf>

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