

Pain Treatment Agreement

- I understand that I have chronic pain.
- I understand that chronic pain could possibly be associated with the following diagnoses:
 - Anxiety
 - Depression
 - Fatigue
 - Insomnia
 - Sexual Dysfunction
- I understand that to treat chronic pain, I must also treat any associated diagnoses listed above.
- I understand that by definition, chronic pain is a long term problem; therefore, I must use long term solutions, including medications that are safe for long term use, physical therapy, psychological counseling and other therapies.
- I understand that these medications may take a long time to start working and will require periodic adjustments.
- I understand that at my first appointment that no prescriptions will be prescribed.
- I understand that short-term medications such as:
 - Lortab
 - Percocet
 - Dilaudid
 - Xanax
 - Ativan
 - Soma
 - Demerol
 - Vicoden
 - Morphine IR
 - Oxycontin IRwill not be prescribed if they are not safe for my treatment.
- I understand that if these medications are all I want, then I may leave now, with no questions asked!
- I understand that the medical staff may ask me to participate in diet, depression, physical therapy or chronic pain classes as part of my pain management program.
- I understand that I must attend all appointments (including psychology, diet, physical therapy and others) for which medical staff has arranged for me, or I may be terminated from the pain clinic for non-compliance.
- I understand that psychotherapy, individual and family therapy may be necessary for my treatment; therefore, if the medical staff recommends this therapy, I will participate. I understand that any violation in this agreement will result in immediate termination from this pain clinic. The medical staff will no longer prescribe any medications for me.

Patient Signature

Date

Witness or Staff Signature

Date

PAIN DIAGRAM

On the pain diagram below, please indicate where you are experiencing pain or other symptoms at this time.

A = ACHE

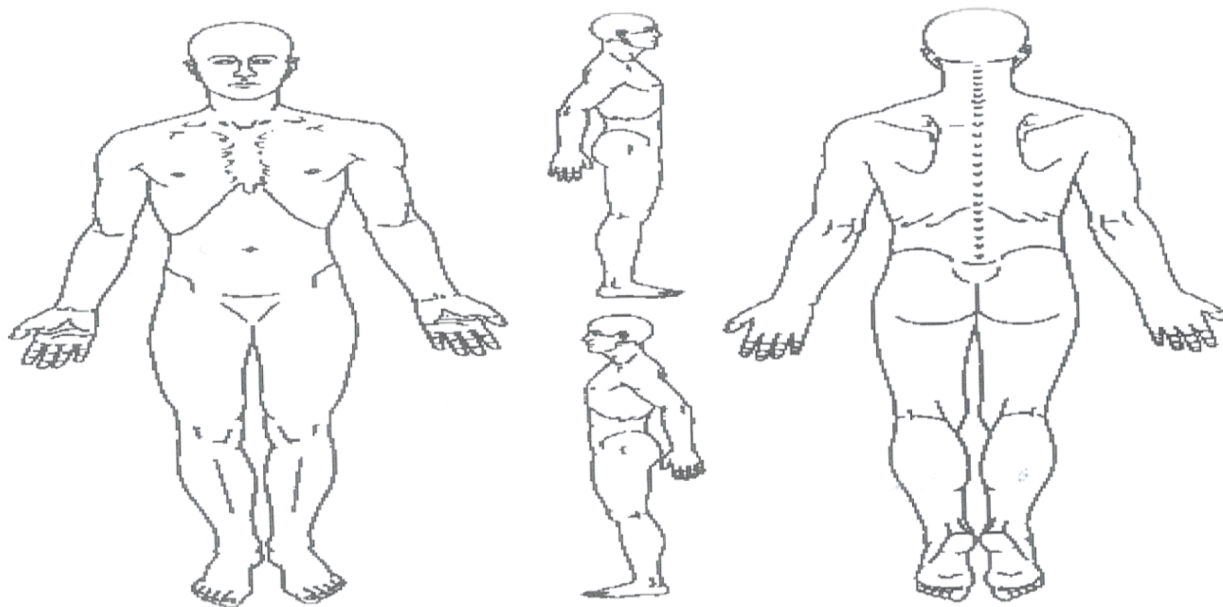
B = BURNING

N = NUMBNESS

P = PINS & NEEDLES

S = STABBING

O = OTHER



Each face shows how a person in pain is feeling. That is, a person may feel happy because he or she has no pain (hurt), or a person may feel sad because he or she has some or a lot of pain.

Choose the face that best describes your pain level today and record the appropriate number. My pain level today is a _____ (0 - 10).



0
NO HURT



2
HURTS
LITTLE BIT



4
HURTS
LITTLE MORE



6
HURTS
EVEN MORE



8
HURTS
WHOLE LOT



10
HURTS
WORST

What level of pain would be acceptable for you to perform your day-to-day activities? _____

If you received an injection previously, how much relief did you experience? ☐ 0% ☐ 25% ☐ 50% ☐ 100%

Patient Signature: _____ Date: _____

Inland Northwest
ANESTHESIA
— AND PAIN —

Pain Diagram