

# Strong Opioids: Patient Contract Form

## **PATIENT AGREEMENT AND DECLARATION:**

- I have discussed and understood all of the information that I have been given about this medication.
- I agree to take my medication exactly as instructed and will not deviate from these instructions.
- Under no circumstances will I provide any other person with my medication.
- If I do not use all of the tablets supplied, I will return the surplus to the pharmacy for careful disposal.
- I can only obtain prescriptions for strong opioids from one prescriber who will be named.
- It is my responsibility to ensure that I do not run out of my medication and will give plenty of notice when a repeat prescription is required.
- I am aware that this medication should not be withdrawn suddenly and will seek advice on safe withdrawal.
- I am responsible for ensuring my own fitness to drive/operate dangerous machinery. I will not drive/operate dangerous machinery during drug titrations or if I feel cognitively impaired.
- I will attend appointments as required (unless I am on holiday/unwell in which case I will arrange another appointment).

**I, the patient, have read and understood the notes and agree to comply with the above. If I do not, I am aware that further prescribing of such drugs can be refused.**

**Signed:**

**Print name:**

**Date:**

**Named Prescriber:**

**Signed:**

**Date:**

**Drug name:**

Please refer to [www.britishpainsociety.org/pdf/opioids\\_doc\\_2004.pdf](http://www.britishpainsociety.org/pdf/opioids_doc_2004.pdf) for further information.