This Opioid Patient Prescriber Agreement (PPA) is designed to:

- Create an open conversation between the patient and the prescriber about the benefits, risks, and limitations of opioid medicines
- Be used as a decision making tool before an opioid medicine is used for acute or persistent pain, and
- Ensure the appropriate and safe use of opioid medicines

Part 1: For the Patient: Deciding whether to use opioid medicines for pain

I will check off each item as I discuss it with my prescriber:

1	Pain and pain treatment are different for each person. Opioid medicines are a type of analgesic (pain reliever) medicine used to reduce moderate to severe pain. Opioid medicines can reduce some (but not all) types of pain. It is not known how much improvement in pain, activity and quality of life I may have by using these medicines. My prescriber will routinely check how I am doing to determine whether the benefits of opioid medicines outweigh the side effects of continuing to use them.
2	I hope opioid medicines may reduce pain, making it easier to: Go back to work
3	My prescriber and I may also try alternative or additional treatment options for my condition, including: Non-opioid medicines (for example, over-the-counter medicines such as Tylenol®, Motrin®, Aleve®, prescription medicine such as antidepressants, or anticonvulsants, as appropriate) Physical therapy, appropriate exercises Acupuncture Self-management techniques and coping strategies such as meditation, stress reduction, counseling and coaching, massage therapy, social support group, and attention to proper sleep Surgical or other medical procedures
4	I need to be aware of the following side effects of using opioid medicines. a) Physical dependence - If I suddenly stop taking an opioid medicine, I can experience withdrawal symptoms such as a runny nose, chills, body aches, diarrhea, sweating, nervousness, nausea, vomiting and trouble sleeping. This is called physical dependence. If this happens, it can be difficult for me to stop taking an opioid medicine, even if it's not working well. So, when I stop taking an opioid medicine, I understand I will need medical supervision. My prescriber can help me gradually lower

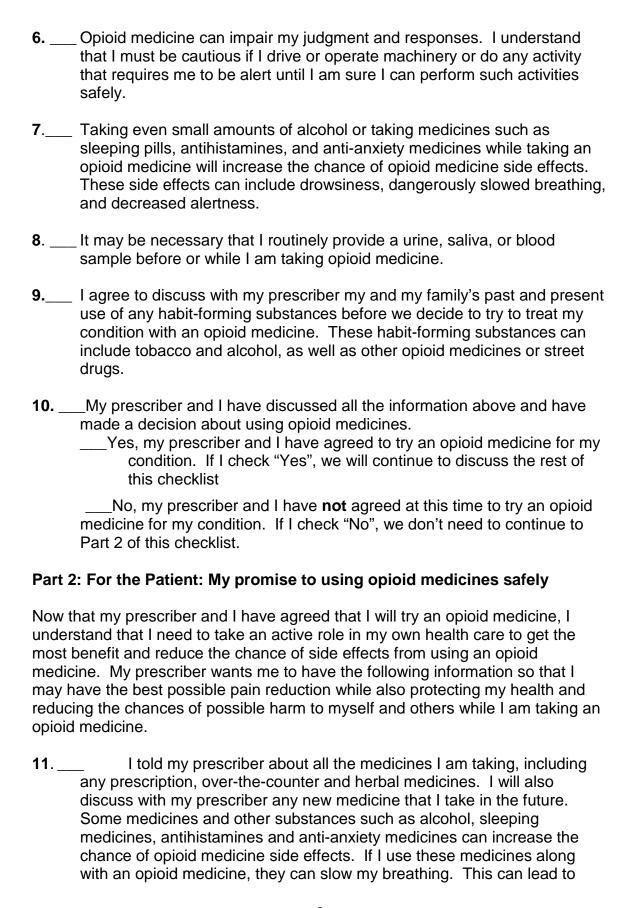
the dose and stop the opioid medicine or refer me to a specialist in a way that meets my needs.

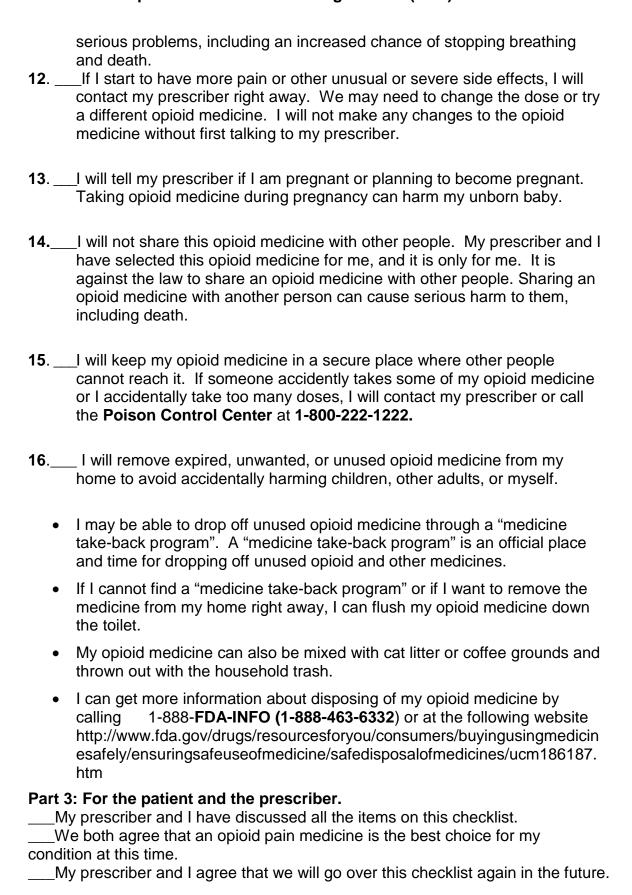
- ____b) Tolerance Over time, I might need more opioid medicine to get the same pain relief. This is called tolerance. It means that the opioid medicine may begin to feel like it's not working anymore. My prescriber can help me by making changes to the opioid medicine or refer me to a specialist in a way that meets my needs.
- ___c) Addiction I may develop an intense craving for the opioid medicine, even if I take it as prescribed. When a person is not able to control their opioid medicine use and may continue using the medicine despite the side effects it causes, this is called addiction. If addiction occurs, it can be difficult to stop taking the opioid medicine, and I will need medical supervision. My prescriber can help me gradually lower the dose and stop the opioid medicine or refer me to a specialist in a way that meets my needs.
- 5. ___ Table 1 Opioid Side Effects: The table below lists common and potential opioid side effects in alphabetical order and the percentage of patients that experience them.

Opioid Side Effects	Percentage of Patients
addiction	5 - 30%
breathing problems during sleep, disruption of sleep	25%
confusion	*
constipation	30 - 40%
depression	30 - 40%
drowsiness	15%
dry mouth that can cause tooth decay	25%
intestinal blockage	<1% per year
itching	*
lowered testosterone levels, infertility and impotence	25% - 75%
nausea or vomiting	*
overdose - can lead to death	< 1% per year
physical dependence	*
tolerance	*
unexpected increased pain	*

^{*}Percentage of patients experiencing side effect unknown

AnGee Baldini, Michael Von Korff, and Elizabeth H. B. Lin. A Review of Potential Adverse Effects of Long-Term Opioid Therapy: A Practitioner's Guide. Primary Care Companion CNS Disorders 2012; doi:10.4088/PCC.11m01326.





Patient name			
Date//			
Provider name			
Patient signature			
Provider signature			