



### Pain Contract Plan

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Primary Care Physician/Nurse Practitioner/PA: \_\_\_\_\_

The above patient and I have entered into a chronic pain management agreement that specifies how many emergency department visits they are entitled to each month for evaluation and treatment of their chronic pain condition. I understand that it is the responsibility of the emergency department physician to perform a medical evaluation of the patient on each visit to determine if there are any other acute conditions that are contributing to the patient's medical presentation that require additional evaluation or work-up. This document will be kept on file and referred to when the above patient presents with a chronic pain condition. This agreement will be followed by all ED physicians with the understanding that if a patient exceeds their allotted visits for the month, they will NOT receive narcotics and alternative non-narcotic treatments will be offered.

Number of ED and urgent care visits allowed each month:  
0 1 2 3 (circle response)

Preferred treatment plan:

Chronic pain condition (1): \_\_\_\_\_  
Treatment: \_\_\_\_\_

\_\_\_\_\_

Chronic pain condition (2): \_\_\_\_\_  
Treatment: \_\_\_\_\_

\_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date signed: \_\_\_\_\_