() presents to the primary care pain clinic today for scheduled renewal and therapeutic monitoring of prescribed opioid analgesic.

Primary Care Provider:

Team: \_\_\_

Diagnosis:

Monitor OPIOID Therapy:

1. Available Urine Drug Screen (within past 6 months) \_\_\_\_yes\_\_\_\_No
   1. Results
2. Opioid Treatment Agreement on file\_\_\_yes\_\_\_No (have one signed)

OPIOID Compliance:

\_\_No evidence of poor adherence

\_\_Abnormal urine drug screen

\_\_\_UDS positive for non-prescribed drug:

\_\_\_UDS negative for prescribed drug:

\_\_Veteran urine toxicology suggests veteran is not complying with OPIOID Treatment Agreement.

\_\_Recurrent reports of lost, stolen, or misplaced drugs

\_\_Multiple dose escalations without provider authorization

\_\_Obtaining prescription medications from other providers

\_\_ Obtaining prescription medications from non-medical sources

\_\_Evidence supporting prescription forgery

\_\_Using a non prescribed route of opioid administration

\_\_Other:

OPIOID efficacy/level of analgesia:

Pain Scale :

Average\_\_\_ Best\_\_\_ Worst\_\_\_ Goal:\_\_\_

1. Has the pain intensity improved since last pain visit?

\_\_Yes

\_\_No:

1. Has the QOL improved since last pain visit?

\_\_Yes

\_\_No:

1. Has patient's functionality (emotional and physical) improved since last visit?

\_\_yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_No :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have the goals/ action plan(s) been achieved since last pain visit/medication change?

\_\_Yes

\_\_No: {comment, which goal, why..}

Goal #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adverse Reaction to the prescribed Opioid:

\_\_constipation

\_\_nausea and/or vomiting

\_\_Itching

\_\_Sedation

\_\_Mental status changes(confusion

\_\_Respiratory depression

\_\_Sexual decline

\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_None (subjective and objective)

Current Meds:

OPIOID TREATMENT PLAN OF CARE (Check all that apply)

\_\_continue same regimen

\_\_increase dose to optimize therapy

\_\_reduce dose to minimize side effects

\_\_change to long acting opioid

\_\_add adjuvant

\_\_switch to another opioid

\_\_Taper off opioid

\_\_start/adjust bowel protocol

\_\_add anti-nausea

\_\_Return to clinic in \_\_weeks for medication renewal/refill

\_\_other :