

Pain Contract Disclosure

Yes_____ I am currently or have been taking/prescribed Narcotic Medication in the past 30 days.

No_____ I am not currently taking/prescribed or have taken Narcotic Medication in the past 30 days.

I _____ am currently being treated at a pain management facility and am under a pain contract.

Name of Pain Contract Facility, address and phone number: _____

Treating Dr: _____

Name of Medication: _____

Dr. Scheller would like to thank you for your cooperation on this important matter. The information requested will help him to identify what medications to prescribe and treatment to be given.

Failure to disclose may result in dismissal from the practice. DEA reports may be pulled on Patients requiring Narcotic pain medication.

Patient Signature: _____ Date: _____