

GMC Controlled Substances Issues (CSI) Committee: Intake Form

Patient Name: _____ MRN: _____ DOB: _____

PCP: _____ Patient Provider Agreement signed: _____
Date

What is your reason for referral? What are you hoping to obtain from the committee?

Aberrant medication related behaviors

Any history of concerning behaviors? Yes No Unknown **If Yes or Unknown, please see check list on back of this form.

Urine Toxicology Testing

Latest urine drug screening: _____ Were results congruent with prescribed medication? Yes No
date

History of prior incongruous urine drug screens? Yes No

Risk Factors for Opioid Abuse/Diversion/Overdose

	Yes	No	Unknown
History of substance use disorder, including nicotine, alcohol, and marijuana			
Family history of substance abuse/addiction			
History of trauma or specific mental health d/o (depression, ADHD, PTSD, BPD, OCD, schiz)			
History of oversedation with medication			
History of overdose			
History of physical or sexual abuse			
On methadone maintenance			

Pain Management History

Diagnosis/cause of pain: _____

(Required) Current medication list, including controlled substances, up to date in ECW? Yes No

Has pain improved with opioid therapy? Yes No Unknown

If unknown, please explain: _____

Has function improved with opioid therapy? Yes No Unknown

If unknown, please explain: _____

Has quality of life improved with opioid therapy? Yes No Unknown

If unknown, please explain: _____

Has patient engaged with behavioral health? _____

What non-opioid approaches to pain have been tried (eg. medications, PT, injections, massage, counterstrain, pain group, psychotherapy, surgery)? _____

Yellow Flags

These are behaviors that might suggest opioid abuse or diversion, but might also be rational and normal responses to undertreated pain or to fear of pain. They have a **low specificity** for abuse and diversion.

- 🍷 Anger or irritability when questioned closely about pain
- 🍷 More concern about controlled substance than about the underlying medical problem that persists beyond the first few visits
 - may indicate inadequate treatment of pain
- 🍷 Report of multiple medication sensitivities
 - may be true, or may be the patients' way of making sure to get the medications that they know work best for their pain
- 🍷 Request for specific drugs or refusal to take generic medications
 - may be a truly significant observation by the patient that his/her genes/receptor population can utilize specific opioid more effectively than other opioids
- 🍷 Unsanctioned dose escalation one or two times
 - may indicate inadequate treatment of pain
- 🍷 Aggressive complaints about the need for more drug
 - may be a true need for increased dose
- 🍷 Open acquisition of similar drugs from other medical sources one or two times, e.g. in the ER
 - may indicate inadequate treatment of pain or inadequate coverage of flares
- 🍷 Drug hoarding during periods of reduced symptoms
 - may indicate unsatisfactory dosing during flares pain and is also a rational response to difficulty scheduling timely appointments and concerns about emergency preparedness.
- 🍷 Resistance to a change in therapy associated with "tolerable" adverse effects, with expressions of anxiety related to the return of severe symptoms
 - reasonable reaction when patient has experienced increased pain as part of withdrawal

Red Flags

- 🍷 Manipulative or abusive behavior directed at caregivers, including intimidation or coercion, and aimed at acquisition and continuance of the substance abuse
 - 🍷 Urine drug screen negative for the prescribed medication
 - 🍷 Urine drug screen positive for other controlled substances
 - 🍷 Refusal of diagnostic workup or consultation
 - 🍷 Multiple no-shows to PCP visits and other appointments that are part of treatment plan (i.e. behavioral health, PT, healthy spine, pain referral clinic)
 - 🍷 Frequent dose escalations after being told this is inappropriate
 - 🍷 Multiple (>2) episodes of lost or stolen prescriptions or medications
 - 🍷 Prescription forgery
 - 🍷 Stealing drugs from others
 - 🍷 Selling prescription drugs
 - 🍷 Obtaining prescription drugs from non-medical sources
 - 🍷 Injecting, snorting or smoking oral formulations
 - 🍷 Concurrent abuse of alcohol or illicit drugs
 - 🍷 Repeatedly seeking prescriptions from other clinicians or from ERs without informing the PCP
 - 🍷 Evidence of deterioration in the ability to function at work, in the family, or socially that appears to be related to drug use
 - 🍷 Evidence of loss of control: use of more than intended or for longer than intended or repeated use in unsafe situations
 - 🍷 ANY OTHER IMPORTANT INFORMATION?
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