THE PEOPLE'S COMMUNITY CLINIC - PAIN MANAGEMENT AGREEMENT

The purpose of this agreement is to prevent misunderstanding about certain medications you may be taking for pain management. This is to help you comply with the law regarding controlled pharmaceuticals. It is important to understand this agreement is essential to the trust and confidence necessary to the doctor/patient relationship and that my doctor will render treatment based on this agreement.

- 1. I understand that if I break this agreement, my doctor may choose to stop prescribing me pain management medications.
- 2. I will not use any illegal substances (including controlled substances) that I am not prescribed to.
- 3. I will not share, sell, or trade my medications with anyone.
- 4. I will not attempt to obtain any controlled medications from another doctor.
- 5. I will safeguard my medication from loss or theft. These medications will not be replaced.
- I agree to submit to a blood or urine test if requested by the People's Community Clinic to determine compliance with the agreement. If I do not comply when asked, I will be terminated from the program.
- 7. I agree that if called, I will come into the People's Community Clinic & submit to a pill count.
- I agree that I will use my medication at a rate no greater than prescribed.
- 9. I agree to the payment plan (\$200 for initial visit, \$100 for follow up visits monthly). I understand that if I do not have the payment prior to the visit, I will not be seen. I understand that the payment is for the visit itself and not the cost of a written prescription. I agree that the doctor has the right to write as he sees visit for my pain management and has the right to change prescriptions or lower the quantity given. I understand that I am still obligated to pay monthly even if the prescription given is not what I was anticipating getting.
- 10. I agree to the People's Community Clinic running a MAPS report to make sure I am abiding by the agreement.
- 11. I agree that I will make a scheduled appointment and keep that appointment. If there is an emergency, I will call prior to the appointment and reschedule it. Appointments that are no-call-no-show will not be rescheduled. I also understand that pain management is not on a walk-in basis.
- 12. I agree that I will not call/leave a message more than once a day. If I repeatedly call, I will be terminated from the program.
- 13. I understand that the People's Community Clinic only handles deals with insurance companies when they are billing insurance for a urine drug screen. They will not call my insurance on my behalf. If my insurance does not cover the cost of the medication, a new prescription or extra prescription will not be given.
- 14. I will not come to the People's Community Clinic office unless I have an appointment.

| I AGREE TO USE | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| ZIP CODE/TELEPHONE NUMBER | | | | | |
| I agree to the following guidelines. My signature below is verification of my agreement and compliance to the program. If I break any of these agreements, I will be terminated from the program. | | | | | |
| PATIENT NAME (PRINTED) | | | | | |
| PATIENT SIGNATURE | | | | | |
| DATE OF AGREEMENT SIGNED//20 | | | | | |
| WITNESS SIGNATURE | | | | | |

in a capación de la agreement is to prevent misura in dendregais de conscionadora qual nova as centeras, por p Surace hara tius iste help you comply with the loss on dang occolabled about annousles. To a ungon imperatable a centrola escentistre that en a confidence mas alemno de a basicable angligand and that suraces als centres o como out besou on this agraement.

- i undertske i nat in figrezi deta agenen enti ovidentur i gresevizes ta si at hille i hall ging per eter jorgen Er diseffens
 - n on flywein tek inn tukin franketane bollowing goll i in flyeografige lagelfi who nik to Chivi i is
 - and oad different all an even stood in the product of the contract of
 - odnije spekrena i koji i stani sprata i nativijatav prak historiji naje i ido saji ku si i se
 - Enabled to the sound of the proceduration for anyther. There medications will not be appreciated to
- 3. Premi la subsoltar e bicod de name rastil are decreta by the hargin in Camera hagath to the determine the control of the control of the present of the
 - The control of collect theill come fore the exacte's foreneously than & control of a concept
 - The three and period state by the same to approximate the section of the section of
- is a first process part (\$200 for million or 1000 for no compared and investigation of the process of the second process of the process of th
 - See i sema is bio receite a famountly Charlet out of a fact begin in a receiver an electric system out on appoin
- i o i serse dont di make e senedbied enpetronjemiana mes thes sprimondi. Disme montenergo aprimition dono 19 ma applimitio della chilipationali i parcingresori Basana adella di socherio di populari major di populari constandimitioni della managemente socher e per un ordi
 - rakskin i stri will nor call/'eava a tu kaze nora nahe na saca kalaw sa ing kulu ing nahina nahina naksking na Takskin
- i under sand than its Pudae's Camman ay cân caus mandae deas with less cau inclusives an interación ou ou consideration. It is a un redicate a superior car com a consideration of the superior and a consideration, a psychological per indicate a well as well as well as well as well.
 - to contain this miles at the place state of a place of the miles of the miles of the first of th

| 10 miles and the second of the |
|--|
| RESERVATION REPORTS AND THE PROPERTY OF THE PR |
| ുന്ന നിരുത്തില് ഏയില് ആയിക്കിനയാ. AAs ടിന്നുകാണ് നല്ലാം ഒരു നിന്നും പുരുത്തോടെ ഒരി തേന്നുന്നും വരിക്കുന്നു. പ്രവരണ്ട സ്ഥാന് വര്ത്തായ വാന്ത്രസ്ത്രം വഴന്നുകളെ ജീരോ, വഴത്തുവര |
| energia de la companya della companya della companya de la companya de la companya della company |
| agreement of the second |

GENERAL MEDICAL HISTORY

List your current and past illnesses (such as diabetes, hypertension, etc.) (Do NOT include eye conditions that you have previously listed.)

| Condition | | | Month/year diagnose | |
|---|-------------------------|--|-----------------------------------|---|
| | | L | | |
| | | | | |
| ease list all previous surgio Surgical Procedure | al procedures | (not involving eyes) and thei | r dates (if known): Month/year | |
| | | | | |
| | | | | |
| IEDICATIONS: lease list all medications th Medication | at you are curr Dose | ently taking and their dosag # of times per day | e (if known): For how long | |
| | | | | |
| | | | Va- | - |
| | | ne-counter medicines? No _ | | |
| o you have any known dru If yes, please list: | |) Yes | | |
| | | | | |

STREET MEDICAL RISTORY

Laction that and past illnesses (such as the static kyountension) etc.)
It is not plantate everyonistins that you have premish listed.)

| | | w nimus | | | rigitters." |
|------------------|----------------------------|---------------------------------------|--|--|--|
| | | | | | |
| | | | | Annual programme in the contract of the contra | |
| | | | | | |
| | I Transit Towns A Kolley I | the first of the second second second | | manifest the second state of the second | describer on the discountry and the second |
| | | | | | |
| | | | Marie Control State Marie Control State Cont | the state of the s | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Long to all and the | ward the dealers amuch | emisso Localbanes | real electric allegations surgicul |
| | | | and an included for filtrans | Committee newspapers | |
| | | MAJ WEAGA! | | | enutrace is troity. |
| | | | | | |
| | | | | CENTER DE L'ENTRE DE L | or research special transport to the last transport to the |
| | | | | | |
| 2001 10 10 10 10 | | | Printed the second of the seco | and the second second second second second | |
| | | | | | |
| | | | The Control of Section (1999) and the Control of Contro | Particle (1911) [4] [Interpretate [] in sinformation [] in | |
| | | LAW | | | |
| | | | | | |
| | | | a service of the second | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | - 21% RT 5 TU 1347 |
| | | - A | | | WELLCYTIONS: |
| | | (nwenth): | g non hed Las vid | ol charrent sin dov | MELICATIONS: Secure Bot all medicalions than |
| | 840) | | Rick and Their doning- of times pot day | | |
| | šuto) | | | | Hence It; altimedications than |
| | Ši.fQ) | | | | Hence It; altimedications than |
| | Suroj | | | | Hence It; altimedications than |
| | Ši-FO _J | | | | Hence It; altimedications than |
| | Šufoj | | | | Hence It; altimedications than |
| | Šuroj | | | | Hence It; altimedications than |
| | Surol | | | | Hence It; altimedications than |
| | Surol | | | | Hence It; altimedications than |
| | Sirroy | | | | Hence It; altimedications than |
| | Sirtol | Fc. 1.6vv | of times pic: day | Dase H | Mence list all medicalions than |
| | Sirtol | Fc. 1.6vv | of times pic: day | Dase H | Hence It; altimedications than |
| | 840) | Fc. 1.6vv | of times pic: day | Dase H | Messee list all medicalions that seemed to a seemed to |
| | 8/10) | Fc. 1.6vv | of times pic: day | Dase H | Mence list all medicalions than |
| | 8/10) | Fc. 1.6vv | of times pic: day | Dase H | Messee list all medicalions that seemed to a seemed to |
| | 8/10) | Fc. 1.6vv | of times per day | Dose Water County | Pseude list all medicahons than tendential and action and action and action are actions as a second tendential areas. The second actions are actions as a second action and actions are actions. |
| | 8/10) | Fc. 1.6vv | of times per day | Dose Water County | Pseude list all medicahons than tendential and action and action and action are actions as a second tendential areas. The second actions are actions as a second action and actions are actions. |
| | 8/10) | Fc. 1.6vv | of times per day | Dose Water County | Viserial of the strong drug. Les you taking racinit or asy. Les you taking racinit or asy. Les you all ave any known drug. |
| | 8:10) | Fc. 1.6vv | of times per day | Dose Water County | Pseude list all medicahons than tendential and action and action and action are actions as a second tendential areas. The second actions are actions as a second action and actions are actions. |
| | 8:10) | Fc. 1.6vv | of times per day | Dose Water County | Viserial of the strong drug. Les you taking racinit or asy. Les you taking racinit or asy. Les you all ave any known drug. |
| | 8:10) | Fc. 1.6vv | of times per day | Dose Water County | Viserial of the strong drug. Les you taking racinit or asy. Les you taking racinit or asy. Les you all ave any known drug. |

HAVE YOU RECENTLY HAD ANY OF THE FOLLOWING SYMPTOMS OR PROBLEMS?

| | NO | YES | | NO | YES |
|---------------------------------|----|-------------|---------------------------|---------------|--|
| General | | | Lungs/Breathing | | |
| Fever | | | Breathing difficulty | | |
| Unexplained weight loss | - | | Asthma | | |
| Night sweats | | | Lung disease | | |
| Ear, nose, or throat | | | Digestive System | | - |
| Ringing in ears | | | Diarrhea | | |
| Hearing Loss | | | Ulcer disease | | Alternative |
| Pain | | | Hepatitis | - | |
| Nervous System | | | Genitourinary | - | |
| Headache | | | Kidney disease | | |
| Stroke | | | Urinary tract infection | | |
| Seizure/epilepsy | - | - | Urinary bleeding | | |
| Weakness, numbness, tingling | - | - | Altered menses | - | |
| Heart or circulatory problems | - | | Blood | | |
| Heart attack or heart failure | | | Anemia (low blood cou | int) | |
| Irregular heart rhythm | | - | Blood tumors/disease | , | |
| Chest pain | - | destination | Swollen glands | - | |
| Pacemaker | | | Bleeding disorder | | administrative |
| Hypertension | | | Musculoskeletal | ************* | - |
| Endocrine | - | - | Joint pain/arthritis | | |
| Thyroid disease | | | Fractured bones | - | - |
| Diabetes | | - | Pain with chewing | | |
| Hormonal disease | - | | Scalp pain/tenderness | | - |
| Allergy/Immunology | | - | | - | ************ |
| Environmental allergies | | | Psychiatric Paprassian | | |
| lodine allergy | | ********** | Depression | - | |
| Contrast material (dye) allergy | | - | Mood swings | | - |
| Cat scratch or cat bite | | | Anxiety | | *************************************** |
| cat stratch or cat bite | - | - | Admission to hospital/ | | |
| Skin/broast | | | psychiatric illness | | Мр. ф. поравления и |
| Skin/breast | | | Other: | | |
| Masses/tumors | - | - | | | |
| Rash | | - | | | |
| Discharge from breast | | - | | | |
| COMMENTS. | | | | | |
| COMMENTS: | | | | | |
| | | | | | |
| | | | | ******* | |
| | | | | | |

SAME TO STREET, MADERANCE OF BEING LOWER SAME TO STREET

| | 15 | X | | | |
|--|------------------|--------------|---|---------------|---|
| E. 1865 | | | g in ret8' est al | | |
| | | and estimate | ythodflile pristeets | | Strate of |
| qual irigious penils (secol) | | | | | |
| | | | easer's grad | | |
| mording services | | | marky2 systems (2 | | |
| trae ni gni gne | | | Operations | | |
| tim garanti | | | e-spails restU | | |
| | | | July 19814 | | |
| demonstern | | | VINE GOTTER | | |
| off at aboth | | | sassalla verikix | | |
| | | | Ursaary tract infection | | |
| See see/apple over | | | Urinary bleeding | 5 | |
| Ute. I ness, pambnes - ringing | | | aitered menses | | |
| amaldore unustrate (quite in | | | books | | |
| muliar mounto visarre muli | | | yer beald well simenA | | |
| สนให้สาก พอสสารประชาสา | | | | | |
| | | | Swellen glands | | |
| 10,314,818,018 | | | Bleeding disorder | | and the same |
| | | | Musculmikeletal | | III e II Qie III |
| | | ep | himms/man filed | | |
| messile disease | | | ASIN PROTESTS | | 1-40 |
| | | | garvento consenuo | | |
| | | | scalo palitytenderness | - | |
| | | | atriaid wi | | |
| selsonin latination vis | | | Depression | | |
| Reference + Bendy | | | Mood syrings | | |
| year (in (evh) to reason size on 2 | | | Anness | | |
| gold is ne ristour tail | | *** | Admission of the splitter | 1000 | |
| | | | seculia integral o | | |
| -89 | | | Ozher | | |
| E. MILITA | | | | | |
| | | - | | | |
| ระสาด เกษที่ ระจาก | | | | | |
| | pergett of total | | continue to work the country and and and | 4137 wp-mat | |
| | | | | | |
| and the contract of the second of the contract | | | of the same of the same of the same of the same | | Margaritical III III III II II Recompension |

| 1. Patient's N | ame:(First name, Middle Initial, Last Name) | | | | |
|--|---|----------------|--|--|--|
| 2. Date of Birt | h: | Male or Female | | | |
| 3. Mailing Ad | dress: | | | | |
| | Zip: | | | | |
| | 9ss: | | | | |
| | nber: | | | | |
| 7. Home add | ess: | | | | |
| | | | | | |
| 8. What would | d you like our clinic to assist you with: | | | | |
| 9. How did yo | u hear about our clinic: | | | | |
| Patient signature acknowledging that the information they provided is valid. | | | | | |
| Patient's Signature: | | | | | |
| Witnessed by: | | | | | |
| Date: | | | | | |

In order to be seen by our doctor, one must have a valid form of photo identification (state ID or driver's license) and medical documentation that shows a chronic or qualifying condition. If one is to be seen for pain management, one also needs medical documentation that shows prescriptions name, dosage, and length of time one has been on that prescription. We reserve the right to refuse service to anyone. A medical marijuana certification, renewal, or pain management medication is not a guarantee because one is seen by a doctor. All decisions are made by the D.O. and they are final.

| | empris relie | |
|--|-----------------|--|
| (First cannel widdle initial. Last Harne) | | |
| come to alian | | |
| | | |
| | | |
| Service and the service and the service of America (Advisor Advisor (Advisor (Adviso | . Page diless | |
| | redn. Telouifi. | |
| | | |
| | | |
| As our dining to such year with: | | |
| mailo nuo "ucida "i | | |
| jaling a par lyong york garthmath, art florit galigbawe at | | |
| | | |
| | | |
| | | |
| | | |
| | | |

in the 16th of the seet by but dispted, one intuiting a liquid form of prote default, whon interests the first sequence of the first or qualifier or qualifier, and an edical accuments can first represent the confidence of the section of the seet for point management, and the confidence of the section of the confidence of the confidence of the section of the section of the confidence of t