

CHRONIC OPIOID MANAGEMENT REPORT

Date: _____ **Patient name:** _____

Date of birth: _____ **Date of test:** _____ **Specimen number:** _____

Reason for ordering of the test

- | | | |
|---|------------------------------|-----------------------------|
| Drug test prior to initial long term drug prescription | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Follow up (at least annually) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Concern regarding functional status of the patient | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Abnormal results on previous testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Change in management of dosage or pain | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Chronic daily opioid dosage above 150 mg morphine or equivalent | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Medication side effects: fatigue: constipation: cognitive problems: other:

Results of opioid testing:

Results: expected not expected

Results of other medication testing:

Results: expected not expected

PDMP results reviewed:

Results: medications: expected not expected
single provider multiple providers

Reviewing of the medical records:

Level of functioning:

Past and current functional status for:

- | | | | |
|-----------------------------|------------------------------------|------------------------------------|-------------------------------|
| Work: | increased <input type="checkbox"/> | decreased <input type="checkbox"/> | same <input type="checkbox"/> |
| Leisure activities: | increased <input type="checkbox"/> | decreased <input type="checkbox"/> | same <input type="checkbox"/> |
| Activities of daily living: | increased <input type="checkbox"/> | decreased <input type="checkbox"/> | same <input type="checkbox"/> |



Discussion of:

Opioid screening results:

Other laboratory testing:

PDMP:

Medication side effects:

Level of functioning:

Describe what actions, if any, need to be taken: