



Treatment Attestation for Pain Management

I, _____, am seeking healthcare services for the treatment of my painful condition from Genesis Medical Clinic. I understand that my accuracy, completeness and truthfulness in reporting my history and symptoms will directly contribute to the development of my treatment plan and the improvement in my painful condition. I acknowledge that I intend to provide previous healthcare information so Genesis Medical Clinic may receive my previous healthcare records from other clinicians. I know that if I am not accurate, complete and truthful in providing my history and symptoms Genesis Medical Clinic cannot safely treat me for my painful condition.

I intend to disclose the name of all prior treating practitioners and inform

Genesis Medical Clinic about all current prescribers of controlled substances. I do not intend to seek medications for any purposes other than personal medical needs. I will not deliberately misrepresent my history, prevent Genesis Medical Clinic from obtaining my previous medical records fails to inform Genesis Medical Clinic about the existence of other sources of prescription medication, or allow any one than myself to take medications prescribed to me. I understand that obtaining controlled substances (Prescription medicines) through false representations is a crime and that I will be reported to law enforcement officials for attempting to fraudulently obtain these medications for non-therapeutic purposes.

I am seeking treatment for the purpose of reducing or relieving my pain. I am not appearing to seek care from Genesis Medical Clinic as part of an ongoing investigation of Genesis Medical Clinic. I am a legitimate patient voluntarily seeking healthcare services for a painful condition.

(Patients Signature)

(Physician Signature)

(Patient printed Name) Date

(Physician printed Name) Date