

Give the dates of the tests you have had to diagnose your pain:

X-rays _____ Myelogram _____
CT scan _____ Nerve conduction/EMG _____
MRI _____ Other _____

List the name(s) of other specialists including previous pain clinics/specialists you have seen for you pain:

Name	Specialty	Dates seen
_____	_____	_____
_____	_____	_____
_____	_____	_____

Give the dates of treatments you have had for your pain

Acupuncture _____	Exercise _____	Physical therapy _____
Biofeedback _____	Facet block _____	Psychotherapy _____
Brace _____	Hypnosis _____	Surgery _____
Chiropractor _____	Massage _____	TENS unit _____
Epidural _____	Nerve block _____	Trigger point _____
Other _____		

Do you have any drug allergies?

No known drug allergies **Yes** (please list drug and reaction):

List all medications you are currently taking:

Medication	Dose	Medication	Dose
1. _____	_____	9. _____	_____
2. _____	_____	10. _____	_____
3. _____	_____	11. _____	_____
4. _____	_____	12. _____	_____
5. _____	_____	13. _____	_____
6. _____	_____	14. _____	_____
7. _____	_____	15. _____	_____
8. _____	_____	16. _____	_____

Past pain medications tried:

Past Surgical History

Surgery	Year	Surgery	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family History

Please check any of the conditions below that run in your family:

Arthritis Cancer Depression Diabetes Heart disease
 Lupus Stroke Other: _____

Past Medical History

Constitutional

- Obesity
- Weight loss

Musculoskeletal

- Arthritis
- Fibromyalgia

Neurological

- Headache
- Seizures
- Migraines
- Stroke

Psychiatric

- Depression
- Substance abuse
- Difficulty sleeping

Cardiovascular

- Angina
- Heart stent
- Heart attack
- Pacemaker

Respiratory

- Asthma
- Emphysema

Gastrointestinal

- Reflux
- Hepatitis
- Incontinence
- Ulcers
- Irritable bowel syndrome

Genitourinary

- Impotence
- Kidney stones
- Decreased libido
- Urinary frequency
- Urinary Incontinence
- Urinary tract infection
- Prostate problems
- Urinary hesitancy

Integumentary

- Herpes Zoster
- Skin Cancer
- Rash
- Swelling

Endocrine, Hematologic, Allergy/Immunologic, HEENT

- Cancer: _____
- HIV
- Bruise easily
- Visual changes
- Diabetes
- Thyroid problems
- Ringing in ears

Rheumatologic

- Lupus
- Polymyalgia Rheumatica
- Other: _____

Social History

Please list everyone with whom you live:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which of the following describes your marital status?

- Single
- Married
- Separated
- Divorced
- Widow(er)
- Other: _____

What is your employment status? (Current or former profession: _____)

- Full time
- Part time
- On disability
- Retired
- Workman's Comp
- Unemployed

How much education have you completed? Grade-yrs____; high school; college; other: _____

After your pain began, was your employer understanding of your pain problems? Y N

Do you have pending settlement for disability, workman's comp or a legal matter? Y N

Do you use or have used at any time any of the following?

Alcohol

- Yes
- No
- Present
- Past

Tobacco products

- Yes
- No
- Present
- Past

Illegal drugs (including narcotics)

- Yes
- No
- Present
- Past

Please list: _____

Review of Systems

- Chills
- Fever
- Fatigue

- Numbness
- Weakness

- Confusion
- Light sensitivity
- Dizziness
- Loss of consciousness

- Anxiety
- Suicidal thoughts

- Chest pain
- Palpitations

- Shortness of breath

- Abdominal pain
- Diarrhea
- Bloating
- Heartburn
- Constipation
- Nausea

Services and Treatment Policy

We are pleased that your physician has requested a consultation for you at the Rex Pain Management Center. Our goal is to provide you with a proper diagnosis and plan for the most effective treatment of your pain.

We expect that you may have had previous attempts to treat your pain prior to your consultation with us. In many instances, the use of pain medications on a long-term basis is appropriate. However, the Rex Pain Management Center is not obligated to prescribe narcotic drugs or provide any treatment procedures during your first consultation with us. We firmly believe it is in your best interest to have a complete evaluation in order to determine the most effective method to reduce pain and restore function. Continuing a therapy that does not achieve those goals would defeat the purpose of a new evaluation. Additionally, please do not terminate care with another physician because you have an appointment in the Rex Pain Management Center. Based on the outcome of your evaluation, we may make recommendations to your current physicians without arranging further follow-up in the Rex Pain Management Center.

Unfortunately, many conditions which cause chronic pain also cause disability. The process of disability evaluation and filing of claims is quite extensive. At the current time, the Rex Pain Management Center does not perform disability evaluations. Your referring physician should be able to assist you in coordinating disability evaluations when appropriate.

Appointment Policy

If you are unable to make your scheduled appointment, you must call to cancel the appointment no later than 24 hours before the scheduled time. If you fail to cancel your appointment, you will be charged a “no show” fee. For most insurance plans and Worker’s Compensation carriers “no show” charges are non-covered services. You will be solely responsible for payment of this charge. Repeated “no shows” and cancellations of your scheduled appointments may result in your being discharged from care at the Rex Pain Management Center. You will be referred back to your primary care physician or to another chronic pain management facility.

Billing Statement and Financial Policy

At the Rex Pain Management Center, you will be treated by physicians from Carolina Pain Consultants. There will be **two bills** for each visit to the Rex Pain Management Center. One bill from Rex Healthcare will be for technical and facility fees (nursing staff, office staff and supplies). The second bill from Carolina Pain Consultants will be for the physician’s professional services.

It is the policy of Rex Pain Management Center and Carolina Pain Consultants to file claims to your insurance plan and / or Workman’s Compensation carrier. If you are not covered by an insurance plan or Workman’s Compensation carrier you are expected to pay in full. If you are pursuing a liability claim for injuries related to an accident or occurrence, you are expected to pay in full. If your insurance requires a co-pay, that payment will be collected by Rex Pain Management Center at the date of service. You may also be responsible for a co-pay as determined by your insurance for the provider charge, in addition to the facility co-pay. Your provider co-pay will be billed by Carolina Pain Consultants.

If you have questions about a Rex Pain Management Center bill call Patient Accounting at 919.784.7600. If you have questions about a Carolina Pain Consultants bill call Customer Service at 919.873.9533.

My signature below confirms that I have read and agree to abide by the above policies.

Patient Signature

Date

Witness Signature

Date
