

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?

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Tobacco products | <input type="checkbox"/> Illegal Drugs (including narcotics) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Present <input type="checkbox"/> Past | <input type="checkbox"/> Present <input type="checkbox"/> Past | <input type="checkbox"/> Present <input type="checkbox"/> 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 Carolina Pain & Spine. 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, Carolina Pain & Spine 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 at Carolina Pain & Spine. Based on the outcome of your evaluation, we may make recommendations to your current physicians without arranging further follow-up with Carolina Pain & Spine.

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, Carolina Pain & Spine does not perform disability evaluations. Your referring physician should be able to assist you in coordinating disability evaluations when appropriate.

Appointment and Inappropriate Behavior 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 service. You will be solely responsible for payment of this charge. It is our policy that a patient with three or more "no shows" and/or same day cancellations of your scheduled appointments may result in your being unable to schedule future appointments and discharged from Carolina Pain & Spine and our affiliated clinics. You will be referred back to your primary care physician or to another chronic pain management practice.

While we understand that our patients are experiencing chronic pain and associated stress, please be aware that there is the expectation that patients and their families behave in a mature, respectful, responsible and appropriate manner. Failure to do so at all times will be a violation of our policy and may result in your discharge from Carolina Pain & Spine and inability to schedule future appointments at any of our clinics.

Billing Statement and Financial Policy

At Carolina Pain & Spine, you will be treated by both our physicians and midlevel providers. You will receive statements from our billing affiliate, American Anesthesiology. If you have procedures performed at one of our partner hospitals or ambulatory surgery centers, you will also receive a bill for facility/technical charges directly from that facility.

It is the policy of Carolina Pain & Spine 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, payment is expected at the time of service. If you are pursuing a liability claim for injuries related to an accident or occurrence, you are also expected to make payment at the time of service. We do not file claims for motor vehicle or personal injury accidents. If your insurance requires a co-pay or co-insurance, that payment will be collected by Carolina Pain & Spine at the time of service.

If you have questions about a Carolina Pain & Spine account you may either speak to a member of our staff or call 1-844-503-8966 or speak to someone in our corporate billing office.

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

Patient Signature

Date

Witness Signature

Date
