

New Patient Information Sheet

Appointment Date: _____ Appointment time: _____

Please Print Legibly

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ DOB: _____
Cell Phone: _____ Work Phone: _____
Email: _____
Employer: _____ Occupation: _____
Sex: Male Female SSN#: _____

Emergency Contact: _____
Phone Number: _____ Relation to pt: _____

Chief Complaint: _____

Referring Physician: _____
Phone: _____ Fax: _____
Address: _____
City: _____ State: _____ Zip: _____

Primary Care Physician: _____
Phone: _____ Fax: _____
Address: _____
City: _____ State: _____ Zip: _____

Primary Insurance: _____
Benefits Phone # _____ Insured: _____
If other than self, DOB: ____/____/____ SSN: ____/____/____
ID #: _____ Group/Account #: _____
Insured Employer: _____ Work#: _____

Secondary Insurance: _____
Benefits Phone # _____ Insured: _____
If other than self, DOB: ____/____/____ SSN: ____/____/____
ID #: _____ Group/Account #: _____
Insured Employer: _____ Work#: _____

North Texas Precision Pain Care, PA
“Treating the patient, not just the disease”

Financial Policy

Craig Neleson, MD

We are committed to providing you with the best care possible. This goal is best achieved if everyone is aware of our policies. Your clear understanding of our Financial Policy is important to our professional relationship. Everyone is treated equally and fairly.

INSURANCE:

Payment for services are due at the time services are rendered, except as outlined below. “Payment” means deductibles, co-insurance and co-pays for participating insurance companies. We accept cash, Mastercard and Visa. Outstanding balances are due within 30 days, unless prior arrangements have been made with our billing department. Any services not paid by your insurance carrier, for whatever reason within 90 days, will become your responsibility. All personal balances over 120 days will be sent to a Collection Agency. Although we verify your insurance benefits, insurance plans vary considerably and we cannot predict or guarantee what part of our services will or will not be covered. It is your responsibility to know your insurance benefits. **It is your responsibility to inform North Texas Precision Pain Care of either new insurance or any change in your current policy. If the new insurance information is not provided and verified 24 hours prior to your appointment, you will be responsible for the charges for that date of service.**

BILLING:

We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact our billing department promptly for payment arrangements and assistance in the management of your account.

MISSED APPOINTMENTS / LATE CANCELLATIONS:

Missed appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. We reserve the right to charge for cancelled or missed appointments. Cancellations are required 24 hours prior to the appointment. A fee of \$35.00 will be charged for missed or cancelled office appointments. A fee of \$350.00 will be charged for ALL missed procedure appointments.

AFTER HOUR PHONE CALLS:

A fee of \$25.00 will be charged to you for after hour phone calls

FORMS AND FEES:

There is a \$25 fee for the review and completion of Insurance forms. In addition, there will be a 30% fee for any accounts we have to send to a Collection Agency.

ASSIGNMENT AND RELEASE:

I hereby authorize my insurance benefits be paid directly to the Physician. I understand that I am financially responsible for non-covered services. I also authorize the Physician to release information required in the processing of insurance claims. I have read and fully understand the Financial Policy set forth by North Texas Precision Pain Care, PA. I understand and agree that the terms of this Financial Policy may be amended by the Practice without prior notification to me.

PRINT NAME: _____

SIGN NAME: _____

Patient's Name: _____

How did you find out about this office? _____

Date: _____

Chief Complaint: _____

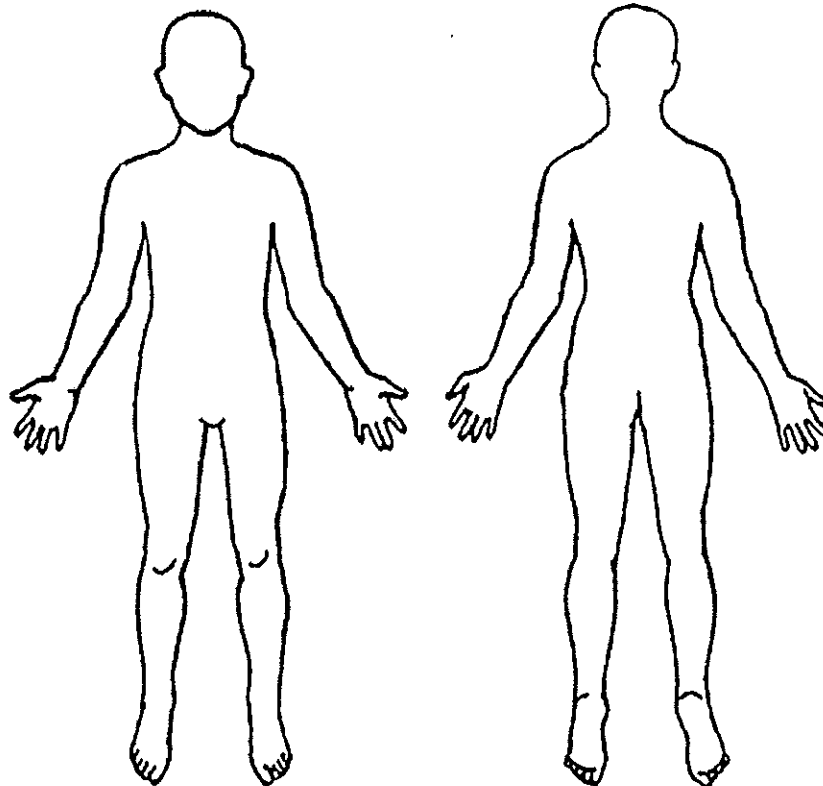
How long have you had this pain? _____

If there was an event associated with this pain please explain: _____

Please fill out the pain diagram based on the key where your pain is.

KEY	
////////////////////	STABBING
XXXXXXXXXXXX	BURNING
000000000000	PINS & NEEDLES
.....	NUMBNESS
+++++	ACHING

PAIN LEVEL	
0	No pain
1	Mild pain
2	Moderate pain
3	Moderate pain
4-5	More severe pain
6	Severe pain
7-9	Intensely severe pain
10	Most severe pain



Current pain level: _____ Pain w/o medication: _____ Pain w/ medication: _____

What activities your pain worse? _____

What activities make your pain better? _____

Please circle the following issues that you have:

Fever Chills Loss of Sleep Loss of Bowel Loss of Bladder Constipation Tremors

Images you have had for this pain and result:

X ray: _____

MRI: _____

CT myelogram: _____

CT: _____

Bone Scan: _____

Nerve Study: _____

Pain Treatments for this issue you have had in the past:

Injection (body location/type): _____

Surgery (body location/type): _____

Therapy (exercise, modalities): _____

Health Psychology: _____

Social History:

Smoking: # packs per day _____ number of years _____ if stopped, when _____

Drinking: number of drinks per day _____ type of alcohol: _____

Drugs: Type: _____ When stopped: _____

Education: Grammar school / High School / Associates / Bachelors / Masters / PhD / MD / JD

Occupation: _____

Social: single / married / widowed / divorced

Activity level: sedentary active

Past Medical History: _____

Past Surgical History: _____

Family Medical History: _____

Current Medications:

Pain Medications used in the past:

Medication Allergies and what the allergy is: _____

Pain Specific Review of Symptoms:

Please circle the following issues that you have:

Fever Chills Loss of Sleep Loss of Bowel Loss of Bladder Constipation Tremors

Review of Symptoms:

Please circle the following issues that you have:

HEENT: eye problems ear problems nose problems throat problems

Cardiac: murmurs irregular beats high blood pressure chest pain

Pulmonary: wheezing coughing shortness of breath

GI: heart burn diarrhea constipation loss of bowel

GU: irregular menstrual bleeding difficulty urinating groin pain

Endo: diabetes thyroid disease Anderson disease Cushings disease

Rheum: rheumatoid arthritis gout scleroderma osteoarthritis

Heme: easy bleeding clots leucopenia lymphoma low platelets

Derm: skin disorders

Psy: Addiction Depression Anxiety Mania Schizophrenia Paranoia

Mus: Muscle Pain Joint Pain

What do you want to accomplish:

Circle which apply:

1. Get a Diagnosis / Start a work up to get a diagnosis
2. Come up with a comprehensive treatment program which include Injections / Therapy Medications / Exercise / Counseling
3. Medication management only
(To be discussed with Physician if a reasonable treatment plan)

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Patient Consent and Acknowledgement of Receipt of Privacy Notice

Craig Neleson, MD

I understand that as part of the provision of healthcare services, North Texas Precision Pain Care, PA creates and maintains health records and other information describing, among other things, my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment.

I acknowledge receipt of this Notice of Privacy Rights which I have reviewed and give my permission to North Texas Precision Pain Care, PA to use and disclose my health information in accordance with the regulations.

By signing this form, I consent to the use and disclosure of protected health information about me for the purposes of treatment, payment and health care operations.

PRINTED NAME: _____

PATIENT SIGNATURE: _____

SOCIAL SECURITY #: _____

DATE: _____

STAFF WITNESS: _____

**North Texas Precision Pain Care, PA
Medication Maintenance Agreement**

While our priority and the primary purpose of this agreement is to keep YOU, the patient, safe from harm; we must also protect North Texas Precision Pain Care, PA. The overall success of your treatment depends on mutual TRUST, RESPECT and INTEGRITY.

Please indicate your understanding of and agreement with the following:

“Personal Responsibility” is the key issue in the success or failure of your treatment.

We cannot refill medications after office hours.

Medication issues must be discussed ONLY during office visits, not during procedures, as mistakes can occur.

We cannot refill you medications early! To do so would ultimately jeopardize your health and your physician’s license!

North Texas Precision Pain Care, PA must be your ONLY source for all pain prescriptions.

North Texas Precision Pain Care, PA must be informed of ALL medications and herbal supplements.

When prescribing opiate medications, we are mandated to perform RANDOM DRUG SCREENINGS for safety and compliance.

Should uncomfortable issues regarding medication usage occur, we CANNOT REFILL MEDICATIONS until we meet with you in a family conference format in order to clarify the issue and decide upon best actions with respect to your well being.

Patient Signature: _____

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you get access to this information. Please review it carefully.

Protecting your privacy

Protecting your privacy and your medical information is at the core of our business. We recognize our obligation to keep your information secure and confidential whether on paper or the Internet. At *North Texas Precision Pain Care, PA*, privacy is one of our highest priorities.

Keeping your information

We value your trust and will handle your information with care. Our employees access information about you when necessary to provide treatment, verify eligibility, obtain authorization, process claims and otherwise meet your needs. We may also access information about you when considering a request from you or when exercising our rights under the law or any agreement with you.

We safeguard information during all business practices according to established security standards and procedures, and we continually assess new technology for protecting information. Our employees are trained to understand and comply with these information principles.

Working to meet your needs through information

In the course of doing business, we collect and use various types of information, such as name and address and claim information. We use this information to provide service to you, to process your claims and to bring you health information that might be of interest to you.

Keeping information accurate

Keeping your health information accurate and up-to-date is very important. If you believe the health information we have about you is incomplete, inaccurate or not current, please call or write us at the telephone numbers or address listed below. We will take appropriate action to correct any erroneous information as quickly as possible through a standard of set practices and procedures.

Use an Disclosures

Treatment - Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of laboratory tests and procedures will be available in your medical records to all health professionals who may provide treatment or who may be consulted by staff members.

Payment- Your health information may be used to seek payment from your health plan, from other sources of coverage such as automobile insurers, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.

Healthcare operations- Your health information may be used as necessary to support the day-to-day activities and management of *North Texas Precision Pain Care, PA*. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement- Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations and to comply with government mandated reporting.

Public health reporting- Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization- Disclosure of your health information or its use for any purpose other than those listed above require your specific written authorization to release your protected health information. You may revoke or terminate this authorization by submitting a written revocation to *North Texas Precision Pain Care, PA*. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Additional Uses of Information- Appointment reminder calls are made by our staff members. If you are not available to take the call, we will leave a message on your recorder or with the person answering the telephone unless you notify us in writing that you do not want us to leave a message.

Subpoena of Records- If we receive a subpoena or similar legal process demanding release of any information about you, we will attempt to notify you unless we are prohibited by law from doing so. Except as required by law as described above, we do not share information with other parties, including government agencies.

Rights to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Request to Inspect Protected Health Information

As permitted by federal regulation, we require the request to inspect or copy Protected Health Information be submitted in writing. You may obtain a form to request access to your records by contacting Craig Neleson, MD.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Craig Neleson, MD
North Texas Precision Pain Care, PA
3550 Parkwood Blvd
Suite 306
Frisco, TX 75034

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

This Notice of Privacy is effective as of January 1, 2008