

October 2015

Thank you for choosing the Northwestern Medical Group Anesthesiology Pain Medicine Practice.

In an effort to improve your access to care, we have modified our operations to better serve you in a timely and efficient manner. These modifications include our scheduling protocols, telephone system, and the management of missed appointments as well as patient tardiness for scheduled appointments. In order to meet these commitments and to serve all patients in the best way possible, we need your help! We commit to adhere to scheduled appointment times as much as possible, and to rework our schedules to improve appointment access for you.

Weather, traffic, and parking on the Northwestern Medical campus are challenges for all of us and are frequent causes of missed appointment times. Nonetheless, we are offering the following to improve your access to our practice.

#### Lateness

- We will grant one amnesty day for lateness for a single occasion.
- We will reschedule patients arriving late for their scheduled appointment time.
- Patients who are late for three or more scheduled appointments will be excused from the practice.

We strive to accommodate our patients as close to their scheduled appointment time as possible. Lateness requires other patients (who were on time) to experience unforeseen delays in their scheduled appointment times. We ask that you leave appropriate time in your schedule for your visit to the Anesthesiology Pain Medicine Center at Northwestern Medicine.

#### No Shows/Same Day Cancellations

- If you cannot make your scheduled appointment time with us, we kindly ask that you give us at least 24 hours notice when calling to cancel.
- We will reschedule new patients after the first missed appointment.
- If there are two (2) missed appointments within a rolling 12 month period, the patient could be terminated from the practice.

#### Telephones

We assure you that your telephone calls to us will be returned in a timely manner. For all calls made to us prior to 2pm, we are committed to answering them by the end of the day. Please recognize that our physicians and nurses are caring for patients during the day and are often not able to return your call until the end of the day. If you have left us a message, we ask that you wait to be called back without placing additional calls and blocking telephonic access for others. We will continue to do our best to accommodate add-on procedures, urgent "add-ons" and appointments if called prior to 2pm.

#### Insurance

Please be mindful that your insurance company requires that we collect your co-pay at the time of service. Failing to do so may give them reason to deny or delay payment for your services. Please make sure that you bring your credit card or check book to your appointment. If you cannot pay your co-pay at the time of visit, your appointment will be rescheduled. If you have an **outstanding balance**, you will be asked to make some payment towards that obligation or be directed to Patient Services to discuss potential financial options that best meet your needs.

We appreciate your effort in helping us improve our practice. Should you have any suggestions for improvement, please let us know.

David R. Walega, MD, Medical Director of Pain Medicine; Megan A. Rising, Practice Manager, Pain Medicine

I have read and agreed to the Pain Medicine Practice patient protocols.

Signature/PRINT NAME: \_\_\_\_\_

Date: \_\_\_\_\_

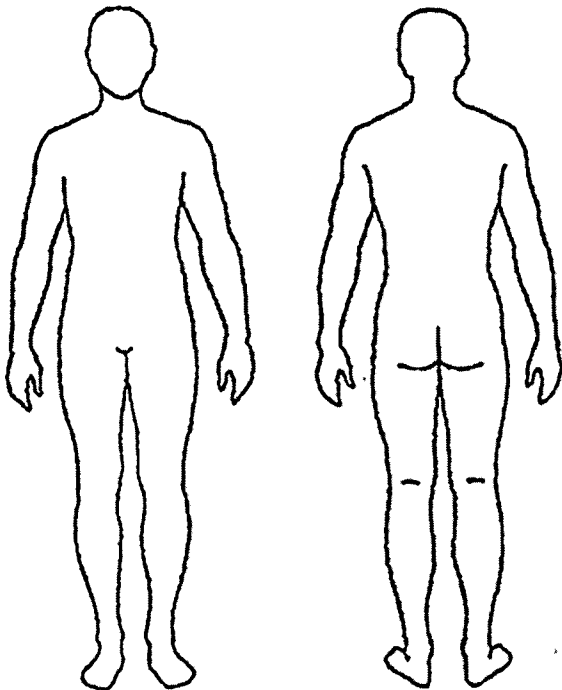
# New Patient Intake Form

Your Name \_\_\_\_\_  
Today's Date \_\_\_\_\_  
Referring Physician \_\_\_\_\_  
Your Primary Physician \_\_\_\_\_  
Pharmacy Name and Phone \_\_\_\_\_  
When did your pain problem start? \_\_\_\_\_  
How did your pain start? \_\_\_\_\_

What is the reason for your visit to the Pain Practice?

Please mark the location and character of your pain using the following symbols on the figures below:

- 00000 Pins and Needles
- xxxxx Burning
- ΔΔΔΔ Stabbing



Using Numbers, on a scale of 0 to 10, Rate the intensity of your pain: (circle)

(0 = No pain      10 = the worst pain imaginable)

Right Now:      0 1 2 3 4 5 6 7 8 9 10  
At its Worst:    0 1 2 3 4 5 6 7 8 9 10  
At its Best:     0 1 2 3 4 5 6 7 8 9 10

Using the WORDS below,

Rate the intensity of your pain: (circle)

- No Pain
- Mild
- Discomforting
- Distressing
- Horrible
- Excruciating

Is there any weakness associated with your pain?	YES	NO
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Using the words below, which words best describe your pain and the severity of your pain?

Put an X in the column that applies to you and the pain you are experiencing:

	None	Mild	Moderate	Severe
Throbbing				
Shooting				
Stabbing				
Sharp				
Cramping				
Gnawing				
Hot-Burning				
Aching				
Heavy				
Tender				
Splitting				
Tiring-Exhausting				
Sickening				
Fearful				
Punishing				

When does your pain occur?  
\_\_\_\_\_

Does your pain wake you from sleep?  
\_\_\_\_\_

What activities bring on your pain?  
\_\_\_\_\_



**Please list your allergies:** \_\_\_\_\_

\_\_\_\_\_ NONE

**What medical problems do you have? (circle all that apply)**

- |                           |                                 |
|---------------------------|---------------------------------|
| Anxiety                   | Cancer                          |
| Asthma                    | Chronic sleep problems/insomnia |
| Atrial fibrillation       | Chronic Steroid Use             |
| Bladder control problems  | COPD/Emphysema                  |
| Depression                | Lupus                           |
| Diabetes                  | Migraines                       |
| Erectile dysfunction (ED) | MRSA                            |
| Fibromyalgia              | Osteoarthritis                  |
| Hepatitis                 | Osteoporosis                    |
| High blood pressure       | Rheumatoid Arthritis            |
| High cholesterol          | Sleep apnea                     |
| HIV                       | Substance abuse or addiction    |
| Irregular Heart Rhythm    | Thyroid Disease                 |
| Irritable bowel syndrome  | TMJ Pain                        |
| Other: _____              | Other: _____                    |
| Other: _____              | Other: _____                    |

**Do you have a family history of ANY OF THE ABOVE health conditions?**

**Do you have a family history of a CHRONIC PAIN CONDITION? (Please list below)**

Mother \_\_\_\_\_ Siblings \_\_\_\_\_

Father \_\_\_\_\_ Other \_\_\_\_\_

**Do you have any of the following symptoms? (Circle all that apply)**

Activity change	Leg ulcers	Back pain
Decreased appetite	Blood clots in legs	Joint pain
Fatigue	Heat/cold intolerance	Joint swelling
Fever	Low blood sugar	Muscle pain
Irritability	Excessive thirst	Easy bruising/bleeding
Weight gain	Excessive urination	Bleeding gums
Weight Loss	Weakness	Low blood counts/low platelets
Headaches	Loss of coordination	Swollen glands
Vision change	Numbness/tingling	Food allergies
Vertigo	Glaucoma/eye problems	Environmental allergies
Cough	Emotional problems	Fainting spells
Shortness of breath	Suicidal thoughts	Tendency to pass out during blood draws
Palpitations	Rash	Lower leg swelling
Chest pain	Contact dermatitis/itching	

**Have you ever been treated by a mental health professional for depression, anxiety, or other emotional problems? YES NO**

**Please select which describes you the best (circle)**

Single      Married      Partnered      Divorced      Widowed      Separated

**Do you live alone? YES NO**

**Do you have Children? YES NO if yes, how many? \_\_\_\_\_**

**What is your Occupation? \_\_\_\_\_**

**Are you now unable to work because of your pain condition? YES NO DOESN'T APPLY**

**How many alcoholic drinks do you have in the average week? \_\_\_\_\_**

**Do you use Tobacco? YES NO if yes, how many packs a day? \_\_\_\_ Packs**

**Do you use any of the following? (Circle) Marijuana Cocaine Amphetamine  
Heroin**

**Have you had any treatment for addiction to alcohol, drugs, or any other substance or habit?  
YES NO**

**Are you involved in any litigation/law suit? YES NO**

**Are you currently applying for federal disability benefits (SSI)? YES NO**

**Are you currently applying for private disability benefits (short term disability, long term  
disability, for example)? YES NO**

**Is this a workman's compensation case? YES NO**

**Have you retained an attorney to help manage your litigation or disability claim?**

**YES NO**



**Anesthesiology Pain Medicine Practice**

Honorio Benzon, MD      Antoun Nader, MD  
Brian Chung, MD        Geeta Nagpal, MD  
Jill Maier, PA            Meghan Rodes, MD  
Dost Khan, MD          David Walega, MD  
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**INSTRUCTIONS FOR NEW PATIENTS**

**Patient Name:** \_\_\_\_\_

1. Your appointment is scheduled with Dr. \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

2. Report to:            **Anesthesiology Pain Medicine Practice**  
                              **675 North Saint Clair Street, Suite 17-200**  
                              **Telephone: (312) 695-2500**

3. Please arrive 15 minutes before your scheduled appointment for the first visit.

4. Please check-in with the receptionist as you exit the elevator. You will be directed to our waiting area. Please wait until one of our staff members escorts you back into the practice.

5. If you are expecting to have an injection:

- You may not drive a car after major injections. You should ask someone to drive you home or accompany you when you take public transportation
- After most injections we recommend that you relax or rest for the remainder of the day unless otherwise instructed.

6. If you are on blood pressure medication, please continue to take your medication the day of your procedure at your normal time and dosage.

7. **Please notify the office immediately if you are on a blood thinner (anticoagulant). Please refrain from taking the following drugs or supplements for the days listed below.**

- Coumadin            5 days (must have INR checked day of injection procedure)
- Lovenox             12-24 hours
- Plavix                7 days
- Fragmin             24 hours
- Pradaxa             4 days
- Xarelto              3 days
- Eliquis              3-5 days
- Aggrenox            7 days
- Persantin            7 days
- Ticlid                7 days

**Spinal injections cannot be safely performed if you are on these medications. Contact your family doctor or cardiologist for instructions on discontinuing these medications.**

8. Unless otherwise instructed, you may eat, drink, and take your normal medications and supplements other than those listed below on the day of your injections.
9. **ASPIRIN:** If you are having a *spine injection* (i.e. facet, spinal nerve injection, epidural steroid injection, etc.), do not take aspirin (ASA) or aspirin-containing drugs for three (3) days before your appointment.

If you absolutely have to take aspirin, please call Pain Medicine before your appointment to discuss your care with a Pain Medicine physician.

10. **NSAIDS:** If you are having a *spine injection* (i.e. facet, spinal nerve injection, epidural steroid injection, etc.), do not take any non-steroidal anti-inflammatory drugs (NSAID) for three (3) days before your appointment.
11. **SUPPLEMENTS:** If you are having a spine injection (i.e. facet, spinal nerve root injection block, epidural steroid injection, facet, nerve root block, epidural steroid injection, etc.), we prefer you discontinue the following supplements for seven (7) days before your appointment. These include the following:
  - Fish oil tables/capsules
  - Vitamin E tabs/capsules
  - Omega 3 tabs/capsules
  - Gingko tabs/capsules
  - Garlic tabs/capsules
  - Ginseng tabs/capsules

**CHINESE HERBS:** Because many “Chinese herbs” are unregulated and the ingredients are not always known, we recommend you discontinue these prior to spinal injections. You MAY safely continue other vitamins, multivitamins and supplements NOT listed above.

12. Please call the office if you have questions concerning medications or other arrangements.
13. You may visit our website at <http://pain.nm.org/> for more information regarding the pain management services we offer. You may also visit [www.spine.org](http://www.spine.org) for additional information about spinal injection treatments and frequently asked questions.
14. **DISCOUNT PARKING:** The Patient Access Representative located in the reception area for Pain Medicine will validate your parking ticket upon check-in.