Denis G. Patterson,DO
Board Certified Pain Medicine
Board Certified Physical Medicine & Rehabilitation

5578 Longley Lane
Reno, NV 89511

2385 E. Prater Way #204
Sparks, NV 89434

2874 N Carson Street #220
Carson City, NV 89706

Tele 775.284.8650
Fax 775.284.8654
www.nvadvancedpain.com

Appointment Location: _____

Appointment Date: _____

Check in time: _____

- **Check in time is 30 minutes prior to your scheduled appointment time with completed packet. If your packet has not been completed on the day of the scheduled appointment, you MUST check in at least 1 hour prior to your scheduled appointment time to complete New Patient packet on site. Thank you.**

(If you check in late, your appointment may need to be rescheduled)

Welcome to Nevada Advanced Pain Specialists!

We are committed to providing a comprehensive multi-disciplinary approach for each individual's pain complaints to ensure you receive the most appropriate care.

Every individual is evaluated for the root cause of their pain – not just a "quick fix" approach to only provide symptomatic relief. We employ a methodical and physical medicine oriented approach that includes analysis of biomechanics, joint motion, as well as skeletal, nerve and muscle tissues. Only the latest diagnostic tools and technologies are used by the professionals at Nevada Advanced Pain Specialists to make accurate assessments including: EMG/Nerve testing, MRIs, x-rays, bone scans, and diagnostic pain injections.

The most important information comes from you – the patient. Our providers will spend time asking questions and listening to you. We understand that your personal experiences with your pain represent some of the most important data available to us for accurate diagnosis and effective treatment.

Once an accurate diagnosis is reached, we will employ various modalities, physical therapy, medication management, and appropriate interventional techniques to treat your pain.

When pain is treated properly, the net result is a more active lifestyle, which will lead to a healthier, happier you!

Sincerely,

Denis G. Patterson, DO
Medical Director – Nevada Advanced Pain Specialists

Please Bring and Complete the Following to Your Appointment

1. Driver's License/Photo ID
2. Health Insurance Card(s)
3. **Completed** forms from this packet
4. Radiographic Imaging (x-rays, CTs, and/or MRIs) films and reports if you have them available.
5. Any important previous medical records
6. A list of your current medications, when they were last filled, and the name of the provider who prescribed them to you.
7. **Payment is due at the time of service –IF YOU ARE UNABLE TO PAY AT THE TIME OF YOUR APPOINTMENT, YOU WILL HAVE TO RESCHEDULE.**

It is the responsibility of the patient to make sure that all of the above materials are completed and provided to our office at the time of the appointment. If any of the information is not available or incomplete, your appointment may need to be rescheduled.

Our main fax number is (775) 284-8654. Should you need to reschedule your appointment, please call us at your earliest convenience at (775) 284-8650.

We look forward to seeing you soon,
The Staff of Nevada Advanced Pain Specialists

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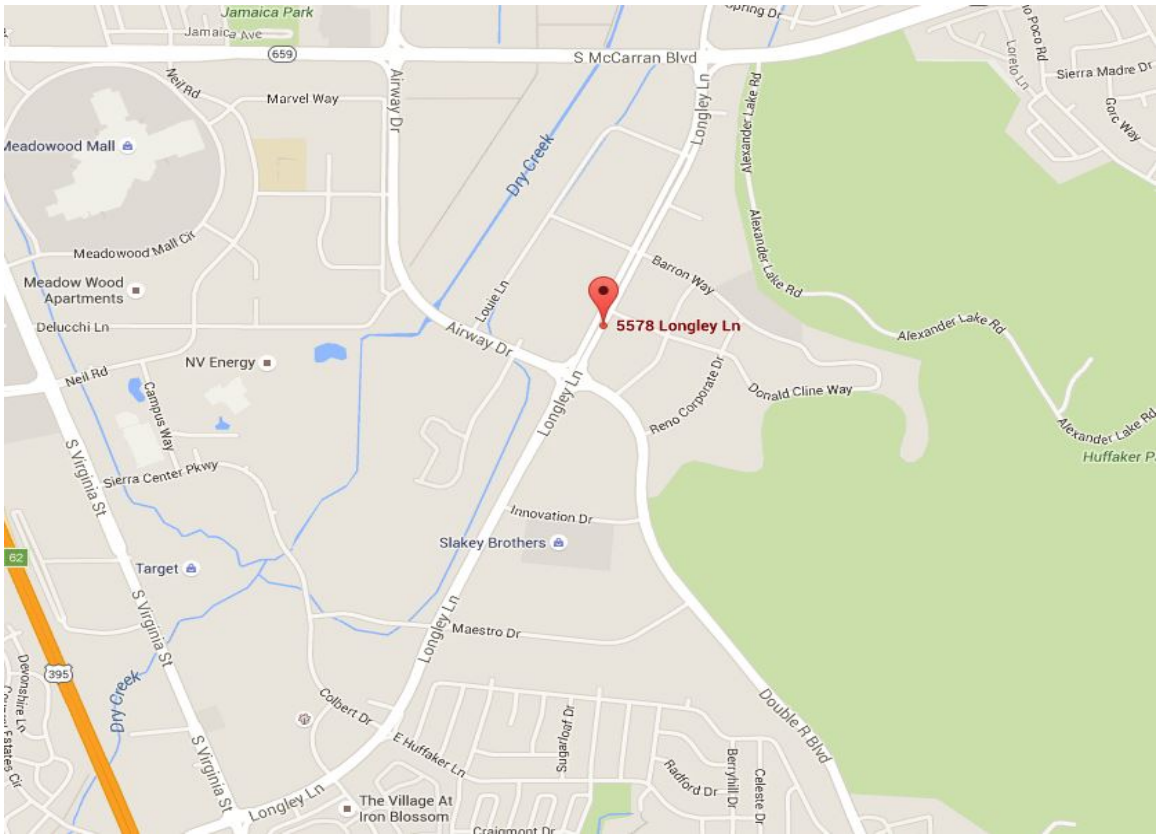
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RENO OFFICE DIRECTIONS:

Heading SOUTH of I-580 take exit #64 Moana Ln
Turn LEFT onto E Moana Ln
E Moana becomes Airway Dr
Turn LEFT onto Longley Ln
Our office is to the RIGHT

Heading NORTH on I-580 take exit #61 S Virginia St
Turn RIGHT onto S Virginia St
Turn RIGHT onto Longley Ln
Our office is to the RIGHT

5578 Longley Lane, Reno NV. 89511

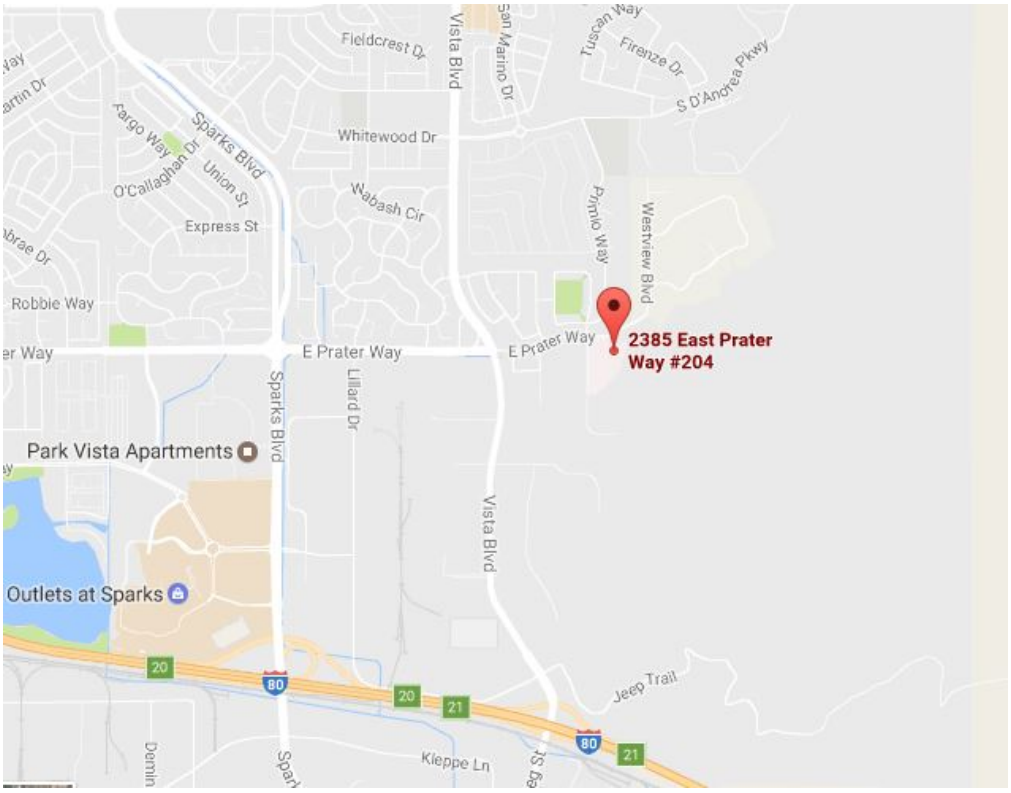


SPARKS DIRECTIONS:

Heading East on I-80 exit #21 for Vista Blvd
Turn left onto Vista Blvd.– heading NORTH. Continue on Vista Blvd. for about a mile.
Turn right onto E. Prater Way and continue east for about .4 miles.
Our office is on the right, located on the second floor of the Northern Nevada Medical Center Medical Office Building

Heading West on I-80 exit #21 for Vista Blvd
Turn right onto Vista Blvd.– heading NORTH. Continue on Vista Blvd. for about a mile.
Turn right onto E. Prater Way and continue east for about .4 miles.
Our office is on the right, located on the second floor of the Northern Nevada Medical Center Medical Office Building

2385 E. Prater Way, Suite 204, Sparks NV 89434

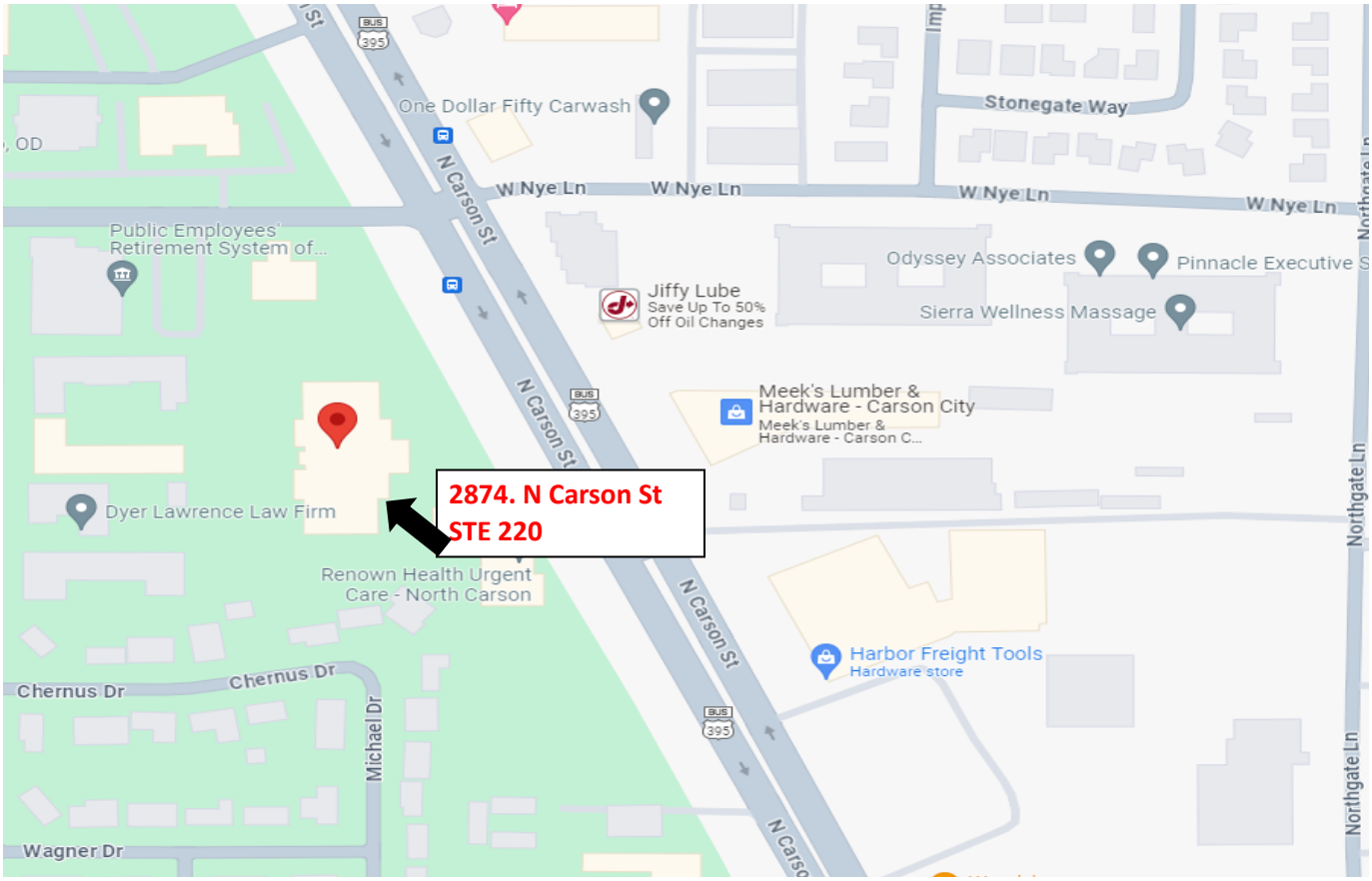


CARSON DIRECTIONS:

From Reno:
Head South on 580 South, exit 8 to N. Carson Street
Continue down N Carson Street for 1.9 miles
Turn right into Parking Lot
Office is located on the 2nd floor Suite# 220

From North Carson:
Head North on 580, exit 6 on College Parkway
Turn Left on College Parkway
Turn Left on N. Carson St
Continue down N Carson Street for 1 mile
Turn right into Parking Lot
Office is located on the 2nd floor Suite# 220

2874 N Carson St, STE 220, Carson City, NV 89706



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In order to bill your insurance company, you MUST complete all requested information.
Demographic information: (Please Print) ***By sharing your phone number, you consent that this number may be used to send you a text message regarding your care and experience at Nevada Advanced Pain Specialists***

Patient Name: _____ Birth Date: _____/_____/_____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ /_____ Cell Phone: (_____) _____ /_____

Email Address: _____ Sex: M ___ F___

Preferred Method of Contact: _____ Race: _____

Language Preference if not English: _____

Ethnicity: Hispanic or Latino ____ Not Hispanic or Latino ____ Decline ____

Employer: _____ Employer Phone: (_____) _____ /_____

Employer Address: _____ City: _____ State: _____ Zip: _____

Individual you would like us to contact and give permission to contact in case of an emergency:

Name: _____ Phone: (_____) _____ /_____

INSURANCE INFORMATION:

Primary Insurance

Insurance Name: _____ Address: _____

City: _____ State: ____ Zip: _____ Phone: (____) _____ /_____

Name of Insured (if different than patient): _____ Sex: M ___ F ___ Birth Date: _____ /_____ /_____

Relationship to Patient: _____ ID #: _____ Policy/Group #: _____

Secondary Insurance

Insurance Name: _____ Address: _____

City: _____ State: ____ Zip: _____ Phone: (____) _____ /_____

Name of Insured (if different than patient): _____ Sex: M ___ F ___ Birth Date: _____ /_____ /_____

Relationship to Patient: _____ ID #: _____ Policy/Group #: _____

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Physicians' Information

Please list the names, specialties, and phone numbers of your other healthcare providers:

Physician Name	Specialty	Phone Number

_____ _____

Patient Name Today's Date

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Authorization to Release Protected Health Information & Consent for Treatment

I authorize Nevada Advanced Pain Specialists to use and/or disclose my health information which specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment and healthcare operations. The administration and performance of all treatments includes but is not limited to, the use of prescribed medication, the performance of procedures, diagnostic imaging, and utilization of urine drug testing, all of which is considered medically necessary or advisable by the treating provider.

Patient Name: _____ DOB: _____

Signature of Patient: _____ Date: _____

This medical information may be used by the person(s) I authorize to receive this information for medical treatment or consultation, billing, or claims payment or other purposes as I may direct. I authorize Nevada Advanced Pain Specialists to release protected health information to the following individual(s):

_____ _____
Name Relationship

_____ _____
Name Relationship

_____ This authorization shall remain in force and effective until (9) nine months after my death
Initial or_____ (date) at which time this authorization expires.

_____ I understand that information used or disclosed pursuant to this authorization may be
Initial disclosed by the recipient and Initial may no longer be protected by federal or state law.

_____ I understand that I have the right to revoke this authorization, in writing, at any time.
Initial

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Opioid Policy

If you are currently being prescribed opioids by one of our prescribers and benzodiazepines by a treating psychiatrist, your provider will decrease your opioids to 50 morphine milliequivalents or less. In addition, you will need a letter of medical necessity in our files to continue the use of benzodiazepines in addition to opioids.

If you are currently being prescribed opioids by one of our prescribers and you currently have a medical marijuana card your provider will decrease your opioids to 50 morphine milliequivalents or less. In addition, you will have to maintain a medical marijuana card.

If you are using marijuana without a medical card or using the supplement Kratom, we will no longer prescribe you opioids.

If you have any questions please discuss with your provider.

_____ _____

Patient Signature Date

Please complete all paperwork prior to your appointment and arrive **30 minutes** before your scheduled time. We ask this so our staff can enter your information into our system so our providers have all information available to them to provide adequate care. No controlled substances will be prescribed during your new patient visit, including your pain medications. We stringently follow DEA and state recommendations regarding prescribing opioid medications. Further, we only prescribe opioid medications if we determine that a patient's pathology warrants their use, the patient satisfies specific criteria, and the patient has failed other, lower risk treatment options.

_____ _____

Patient Signature Date

Attention

Please review, initial and sign the following pages if you are not currently taking and not in need of a controlled substance prescription.

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MEDICATION AGREEMENT & REFILL POLICY

As part of your treatment, our medical staff may prescribe medications for you. Many of these medications can have serious side effects if they are not managed properly. Your health and safety are very important to us, and we need your help to make sure your treatment follows our guidelines. If Nevada Advanced Pain Specialists has any questions regarding your healthcare, including medications, we reserve the right to contact your other treating Physicians, pharmacies, and hospitals.

Please initial next to each line item.

1. I recognize that my chronic pain represents a complex problem which may benefit from physical therapy, psychotherapy, and behavioral medicine strategies. I also recognize that my active participation in the management of my pain is essential. I agree to actively participate in all aspects of my treatment plan to maximize functioning and improve coping with my condition.
2. I agree to follow the dosing schedule prescribed to me by my Physician or Advanced Practice Practitioner (PA and/or APN)
3. I agree to **never** share my medications with others nor will I sell or exchange my medication for any reason.
4. I agree to always keep my medications safeguarded and within my control.
5. I agree to notify Nevada Advanced Pain Specialists if I experience any adverse effects or dosage problems with my prescribed medications. I will not discard any unused medication. Before any new medication can be prescribed, I must bring the unused medication to the Nevada Advanced Pain Specialists office for disposal.
6. I agree to use only one pharmacy for my medications unless extenuating circumstances prevent this from being possible. In this event, I will notify Nevada Advanced Pain Specialists of all pertinent information pertaining to additional pharmacies, mail-order, or other sources.
7. I will count my pills that I receive from the pharmacy and will ensure that the proper amount is received. I understand that my Provider will not cover me for any shortage of medication. Any shortage found must immediately be discussed with the pharmacy upon receipt of the filled prescription.
8. I understand that medication refills may require a scheduled office visit with my prescribing Provider at Nevada Advanced Pain Specialists.
9. **I agree to keep all scheduled appointments. I understand no medications will be given for cancelled or no-show appointments.** I agree also to be prompt to my appointments and understand that if I arrive late to my appointment, I will be rescheduled.
10. I understand that medication refills cannot be made after hours or on the weekend. The Nevada Advanced Pain Specialists refill hours are 8:00am – 2:00pm. Calls after 2:00pm will be addressed the following business day.
11. I agree to bring my medications from any other Physician's office to Nevada Advanced Pain Specialists for my office appointments.
12. I understand that I am solely responsible for the safekeeping of my medication and I must treat my medications as I would my money or valuable possession. **The Nevada Advanced Pain Specialists Physician will under no circumstances replace LOST or STOLEN prescriptions or medications.**
13. I understand that my treatment at Nevada Advanced Pain Specialists may require a monthly visit so that my doctor can properly evaluate my progress, and/or adjust appropriate medications every 30 (thirty) days.
14. I understand that abusive behavior or harassment toward any of the Nevada Advanced Pain Specialists staff will not be tolerated. Harassment includes, but is not limited to, more than 2 (two) phone calls to the office in one business day.
15. I will not show up at the Nevada Advanced Pain Specialists office unannounced seeking medication refills.
16. Medication refills will be made only as often as it is directed on the label. No early refills will be authorized.

17. I agree to random drug screen tests to verify that I am only using drugs consistent with this agreement. If a test is requested and I leave the office without providing one, I understand I forfeit access to future prescriptions from Nevada Advanced Pain Specialists.
18. I understand that if I do not adhere to any item on this agreement it will result in a mandatory referral to a Behavioral Health Specialist.
19. I understand that a forged or falsified prescription will result in the immediate dismissal from Nevada Advanced Pain Specialists and possibly criminal proceedings as required by law.
20. I understand that if I do not follow this medication agreement, I may be dismissed from Nevada Advanced Pain Specialists, at their discretion.
21. This contract will become part of my permanent medical record.

By signing this agreement, you affirm that you have the full right and power to be bound by this agreement and that you have read, understood, and accept these terms. No narcotic or otherwise habit-forming medications will be prescribed without the acceptance of this agreement,

_____ _____

Pharmacy Name Pharmacy Telephone Number

_____

Patient Name

_____ _____

Patient Signature Date

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Attention

Please review, initial and sign the following pages if you are currently being prescribed a controlled substance prescription.

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CONTROLLED SUBSTANCE MEDICATION AGREEMENT & REFILL POLICY

As part of your treatment, our medical staff may prescribe medications for you. Many of these medications can have serious side effects if they are not managed properly. Your health and safety are very important to us, and we need your help to make sure your treatment follows our guidelines. If Nevada Advanced Pain Specialists has any questions regarding your healthcare, including medications, we reserve the right to contact your other treating Physicians, pharmacies, and hospitals.

Please initial next to each line item.

22. I recognize that my chronic pain represents a complex problem which may benefit from physical therapy, psychotherapy, and behavioral medicine strategies. I also recognize that my active participation in the management of my pain is essential. I agree to actively participate in all aspects of my treatment plan to maximize functioning and improve coping with my condition.
23. If it appears to the provider that there are no demonstrable benefits to my daily function or quality of life from the controlled substance, I will gradually taper my medication as directed by the prescribing provider.
24. I agree to follow the dosing schedule prescribed to me by my Physician and/or Advanced Practice Practitioner (PA and/or APN)
25. I agree to **never** share my medications with others nor will I sell or exchange my medication for any reason.
26. I agree to always keep my medications safeguarded and within my control.
27. I agree to notify Nevada Advanced Pain Specialists if I experience any adverse effects or dosage problems with my prescribed medications. I will not discard any unused medication. Before any new medication can be prescribed, I must bring the unused medication to the Nevada Advanced Pain Specialists office for disposal.
28. I agree that if I receive narcotic medications from Nevada Advanced Pain Specialists, I am **not** allowed to receive the same type of medications from another Physician (including the emergency room or clinic) without the express consent or consultation with Nevada Advanced Pain Specialists.
29. I agree to use only one pharmacy for my pain-related medications unless extenuating circumstances prevent this from being possible. In this event, I will notify Nevada Advanced Pain Specialists of all pertinent information pertaining to additional pharmacies, mail-order, or other sources.
30. I will count my pills that I receive from the pharmacy and will ensure that the proper amount is received. I understand that my Physician will not cover me for any shortage of medication. Any shortage found must immediately be discussed with the pharmacy upon receipt of the filled prescription.
31. I understand that medication refills involving narcotic pain medication will require a scheduled office visit with my prescribing Physician at Nevada Advanced Pain Specialists. **Narcotic pain medication refills will not be called into a pharmacy, nor will they be increased over the telephone.**
32. **I agree to keep all scheduled appointments. I understand no medications will be given for cancelled or no-show appointments.** I agree also to be prompt to my appointments and understand that if I am late to my appointment, I will have to reschedule.
33. I understand that medication refills cannot be made after hours or on the weekend. The Nevada Advanced Pain Specialists refill hours are 8:00am – 2:00pm. Calls after 2:00pm will be addressed the following business day.
34. I agree to bring my medications from any other Physician's office to Nevada Advanced Pain Specialists for my office appointments.
35. I understand that I should not drive or operate heavy machinery while I am taking medications that may cause drowsiness or impaired cognitive function.

36. I understand that I am solely responsible for the safekeeping of my medication and I must treat my medications as I would my money or valuable possession. **The Nevada Advanced Pain Specialists Physician will under no circumstances replace LOST or STOLEN prescriptions or medications.**

37. I understand that my treatment at Nevada Advanced Pain Specialists may legally require a monthly visit so that my doctor can properly evaluate my progress, and/or adjust appropriate narcotic pain medications every 30 (thirty) days.

38. I understand that abusive behavior or harassment toward any of the Nevada Advanced Pain Specialists staff will not be tolerated. Harassment includes, but is not limited to, more than 2 (two) phone calls to the office in one business day.

39. I will not show up at the Nevada Advanced Pain Specialists office unannounced seeking medication refills.

40. Medication refills will be made only as often as it is directed on the label. No early refills will be authorized.

41. I understand that I cannot use Kratom while being prescribed narcotic pain medications.

42. I understand that I cannot use alcohol while being prescribed narcotic pain medications. I am aware that if a urine drug screen result show that I am consuming alcohol, my provider might discontinue my narcotic pain medications.

43. I will not use "street" or illegal drugs. This includes the use of recreational marijuana.

44. I am aware that I will need to get a medical marijuana card if I intend on using marijuana. I understand that my Provider at Nevada Advanced Pain Specialists will give me 90 days to pursue this option. I understand that if I do obtain a medical marijuana card, my provider at Nevada Advanced Pain Specialists will not prescribe me more than 50 MME (morphine milligram equivalents) of narcotic pain medications. I am aware that if I do not get a medical marijuana card in that 90-day period of time and a urine drug screen after that time elapses shows that I am consuming marijuana, my provider will discontinue my narcotic pain medications.

45. I understand that it is dangerous to take a narcotic pain medication with sedatives (i.e., sleep medications and anxiety medications such as Ambien, Xanax, etc.) since this combination could result in an accidental overdose. If I am on these types of medications, I am aware that my Provider at Nevada Advanced Pain Specialists will not prescribe me narcotic pain medications. If I believe that these medications are necessary, I understand that my Provider at Nevada Advanced Pain Specialists will recommend that I get a letter of medical necessity from an appropriate medical specialist (i.e., psychiatrist, neurologist, etc.) and not from my Primary Care Physician. If I do obtain a letter of medical necessity, I am aware that my Provider at Nevada Advanced Pain Specialists will not prescribe me more than 50 MME (morphine milligram equivalents) of narcotic pain medications. I am aware that if I do not get a letter of medical necessity card and a urine drug screen shows that I am consuming these types of medications, my provider will not start or will discontinue my narcotic pain medications.

46. I agree to mandatory and random drug screen tests to verify that I am only using drugs consistent with this agreement. If a test is requested and I leave the office without providing one, I understand I forfeit access to future narcotic prescriptions from Nevada Advanced Pain Specialists.

47. I agree to mandatory pill counts as mandated by my Provider at Nevada Advanced Pain Specialists. I understand if my Provider calls me for a random pill count between office visits, that I have 24 hours to present to the office to have the pill count done. I am aware that if I do not show, I forfeit access to future narcotic prescriptions from Nevada Advanced Pain Specialists.

48. I understand that if I do not adhere to any item on this agreement it will result in a mandatory referral to a Behavioral Health Specialist.

49. I understand that a forged or falsified prescription will result in the immediate dismissal from Nevada Advanced Pain Specialists and possibly criminal proceedings as required by law.

50. I understand that if I do not follow this medication agreement, I may be dismissed from Nevada Advanced Pain Specialists, at their discretion.

51. This contract will become part of my permanent medical record.

MATERIAL RISK NOTICE

There are risks with the use of narcotics. These include, but are not limited to:

1. **BRAIN:** Sleepiness, difficulty thinking, confusion, impaired balance
2. **LUNG:** Difficulty breathing, shortness of breath, wheezing, slowing of breathing rate
3. **STOMACH:** Nausea, vomiting and constipation can be severe
4. **SKIN:** Itching, rash
5. **URINARY:** Difficulty urinating
6. **ALLERGY:** Potential for allergic reaction

7. **DRUG INTERACTION(S):** Possibility of interaction with other medications. Can make the effect of both drugs stronger when taken together.

8. **TOLERANCE:** With long term use, an increasing amount of the same drug may be needed to achieve the same pain-relieving effect.

9. **PHYSICAL DEPENDENCE/WITHDRAWAL:** Physical dependence develops within **3-**4 weeks when taking these drugs. If they are stopped abruptly, symptoms of withdrawal may occur. These include, but are not limited to: abdominal cramps, abnormal heart beat, nausea and vomiting, sweating, flu-like symptoms. These may be life-threatening. All controlled substances need to be slowly tapered under the direction of your Physician or facility.

10. **ADDICTION:** This refers to the abnormal behavior directed toward acquiring or using drugs in a non-medically necessary manner. People with a history of drug and/or alcohol abuse are at increased risk of developing an addiction.

By signing this agreement, you affirm that you have the full right and power to be bound by this agreement and that you have read, understood, and accept these terms. No narcotic or otherwise habit-forming medications will be prescribed without the acceptance of this agreement,

_____ _____

Pharmacy Name Pharmacy Telephone Number

_____

Patient Name

_____ _____

Patient Signature Date

Patient Name: _____

Reason for appointment:

_____

_____

_____

_____

Past Medical History:

_____

_____

_____

_____

Past Surgical History:

_____

_____

_____

_____

Family History:

* Please provide us with any medical conditions that family members have

	Condition	Age	Deceased? (Y/N)
Grandfather:	_____	_____	_____
Grandmother:	_____	_____	_____
Father:	_____	_____	_____
Mother:	_____	_____	_____
Brother:	_____	_____	_____
Sister:	_____	_____	_____

Social History:

Smoker: No ___ Yes ___ If yes, # of packs per day ___

Alcohol: No ___ Yes ___ If yes, average # of drinks per day ___

History of drug addiction: No ___ Yes ___

Place of Birth: _____

Marital Status: _____

Children: No ___ Yes ___ If yes, how many _____

Education: _____

Occupation: _____

Medications:

Medication Allergies: _____

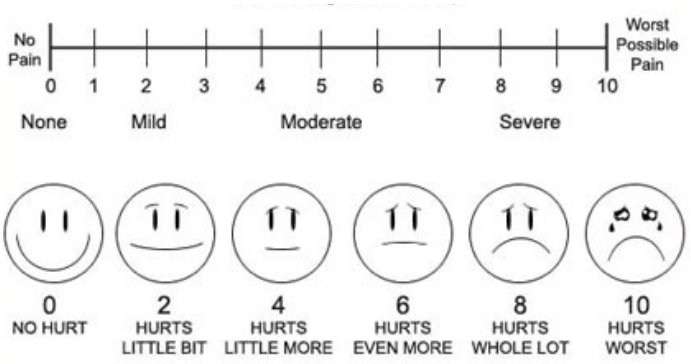
Medication	Strength	Dosage

PATIENT NAME (please print): _____ **DATE:** _____

What percentage of your pain is (please have the total add to 100%):
Neck pain ____% Arm Pain ____% Back Pain ____% Leg Pain ____% Head Pain ____% Hip Pain ____%

What is your overall functionality (on a scale from 0%-100%): 0% = Completely Limited / 100% = Fully Functional
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

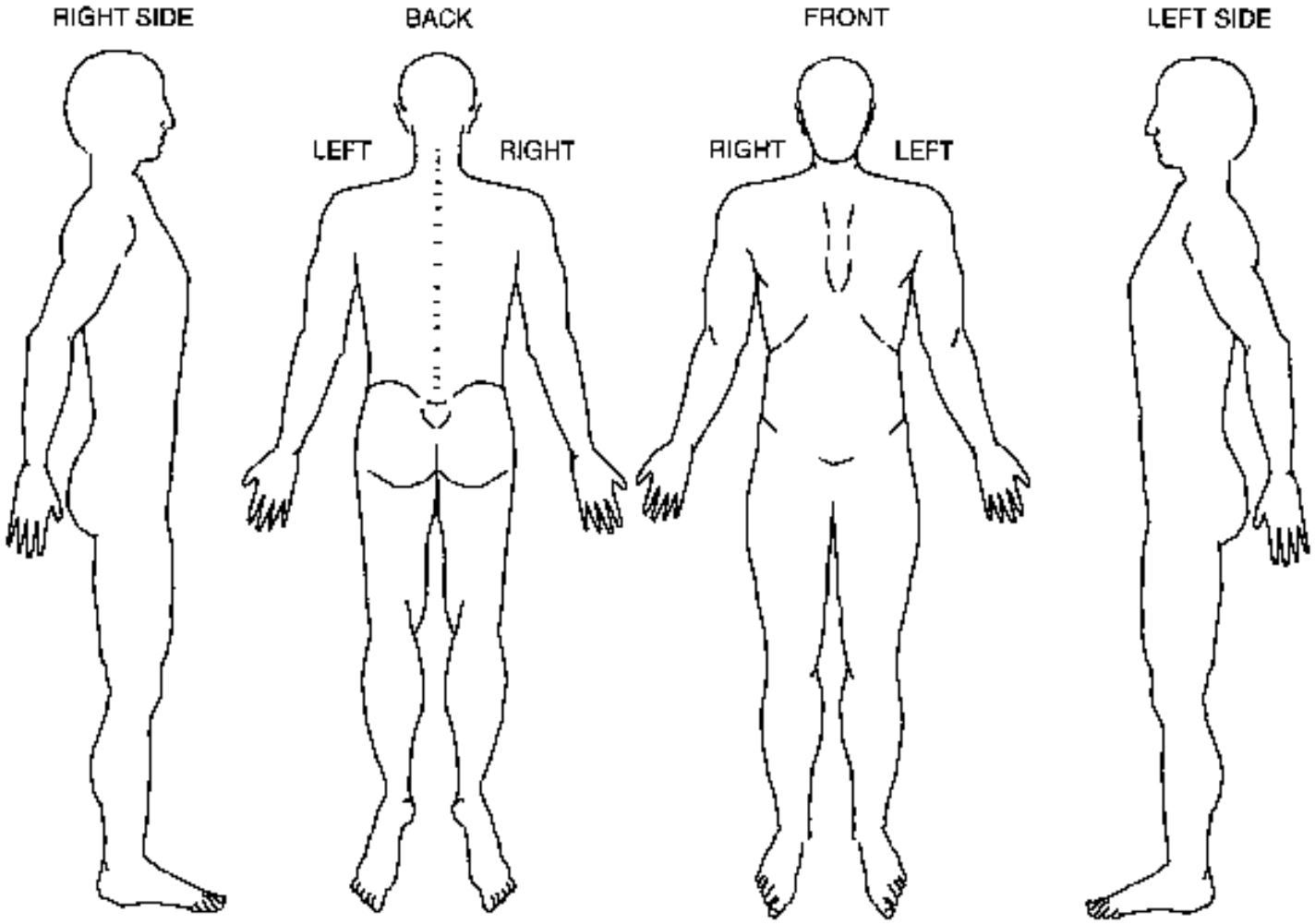
Please describe the type of pain or sensation you are currently experiencing: (check all that apply)



- ☐ Aching ☐ Shooting ☐ Throbbing
- ☐ Cramps ☐ Stabbing ☐ Swelling
- ☐ Dull ☐ Stiffness ☐ Burning
- ☐ Numbness ☐ Sharp ☐ Tingling

Other, please describe: _____

Please mark on the diagram the location of the pain:



OFFICE USE ONLY:

– / + UDS: _____ Room #: _____ HT:_____WT:_____Pulse: _____O2:_____Resp:_____B/P:_____/_____

Eyes: ___Visual loss ___Double vision ___Injury ___Glasses ___Inflammation ___Glaucoma

Ears: ___Deafness ___Ringing ___Dizziness ___Pain in ears ___Discharge from ears

Nose: ___Nose bleeds ___Obstruction ___Discharge from nose

Mouth: ___Soreness mouth or tongue ___Toothache

Throat: ___Hoarseness ___Sore Throat ___Voice changes

Cardiovascular: ___Palpitations ___Rapid heart rate ___Irregular heart beat ___Chest pain ___Shortness of breath ___Leg swelling

___Leg pains while walking ___High blood pressure

Respiratory: ___Shortness of breath ___Wheezing ___Cough ___Bloody sputum

___Night sweats ___History of pleurisy ___ Tuberculosis

___Pneumonia ___Asthma

Gastrointestinal: ___Nausea ___Abdominal pain ___Vomiting ___Vomiting blood

___Jaundice ___Change in bowel habits ___History of ulcer

___Weight loss

Genitourinary: ___Urinary tract infection ___Painful urination ___Kidney Stones

___Incontinence ___Blood in urine ___Prostate cancer

___Difficulty stopping and starting urine stream

Musculoskeletal: ___History of fractures ___Dislocations ___Sprains ___Neck pain

___Arthritis ___Muscle pain ___Stiffness ___Mid-back pain

___Muscle weakness ___Night cramps ___Joint Swelling

___Low back pain

Integumentary (skin): ___Abnormal sweating ___Itching ___Rash

___Sores that do not heal ___Easy bruising

Neurological: ___Disturbance to smell ___Facial numbness ___Difficulty chewing

___Facial weakness ___Taste disturbance ___Hearing difficulty

___Balance problems ___Speech difficulty ___Headaches

___Swallowing difficulties ___Paraplegic history

___Loss of consciousness ___Pain going down arm

___Pain going down leg ___Involuntary movement

___Seizures/epilepsy ___Gait difficulty ___Coordination issues

___Numbness, tingling or burning ___Urinary control problems

___Prior head injury or skull fracture

Psychiatric: ___Nervous breakdown ___Hallucinations ___Depression

Endocrine: ___Diabetes ___Abnormal growth ___Enlarged head, feet, hands

___Unusual hair growth ___Abnormal change in skin color

___Thyroid or goiter problems ___Dryness of hair or skin

___Heat intolerance ___Cold intolerance ___Excessive thirst

___Excessive urination

Blood & Lymph Systems: ___Anemia ___Swollen lymph nodes ___Abnormal bleeding

___Family history of bleeding disorder

Allergy and Immune System: ___Migraine ___Food Allergies ___AIDS

___ Immune system disorder

Women: Are you currently pregnant or think you may be pregnant? No ___ Yes ___

NAME: _____

Nevada Advanced Pain Specialists Intake Sheet

Where do you have pain? Check all that apply:
__ Neck __ Middle back __ Low back __ Upper extremity __ Lower extremity

When did your pain begin? _____

Did your pain begin due to a traumatic event? Or did it come on gradually? _____
If it was due to trauma, what happened?
_____

Is your pain getting better, worse, or staying the same? _____

Describe your pain: Check all that apply:
__ Sharp shooting __ Dull Achy __ Burning __ Throbbing __ Stabbing __ Other

Does your pain radiate?
If yes, describe the path it takes:_____

Describe the radiating pain: Check all that apply:
__ Sharp shooting __ Dull Achy __ Burning __ Throbbing __ Stabbing __ Other

Do you have any numbness or tingling anywhere?
If yes, where?
_____

Do you have any weakness anywhere?
If yes, where?
_____

What makes your pain better? _____

What makes your pain worse? _____

Have you tried ice, heat, or a TENs unit for your pain? Is so, which one(s) do you use and have they helped your pain? _____

What medications do you take for pain? _____
Have you tried others in the past?
_____

Have you tried Physical Therapy? _____
If so, when did you last have PT and did it help?
_____

Have you had any injections to treat your pain? _____
If so, what type of injections and did it help?
_____

Have you had surgery to treat your pain in the past? _____
If so, what type of surgery and did it help?
_____

Do you have any of the following? Check all that apply:
__ History of cancer __ Fevers/chills __ Night sweats __ Night Pain __ Weight loss __ Bowel/bladder incontinence

Denis G. Patterson,DO
Board Certified Pain Medicine
Board Certified Physical Medicine & Rehabilitation

5578 Longley Lane
Reno, NV 89511

2385 E. Prater Way #204
Sparks, NV 89434

2874 N Carson Street #220
Carson City, NV 89706

Tele 775.284.8650
Fax 775.284.8654
www.nvadvancedpain.com

KNOW YOUR INSURANCE PLAN

Your health insurance is based upon a contract between you and the insurance company, or in some cases, the insured party's employer and the insurance company. If your employer has selected your plan, it is customary for the employer to describe and discuss the benefits of the plan with the employee. It is the responsibility of the insurance company to provide supporting documentation (Plan Benefit Booklet) and the Enrollment Card of the insured.

It is the responsibility of the insured party who benefit from this plan, or who receives benefits from this insurance plan to know:

- The commencement date of the plan
- If there is an annual deductible, and how much
- Which hospital, laboratory, and radiology center the carrier is contracted with
- The amount of your co-payment

It is your responsibility to present the insurance card to the receptionist when checking in. It is also your responsibility to notify our office of any changes or termination of your plan.

The contract between the "Provider Service" (Physician) with any insurance company is:

- To provide quality medical care to the patients
- To submit the claim for service to the appropriate carrier in a timely fashion
- To give credit to the patient for any "contracted discount"
- To collect co-payments and other balances due from patient at time of service

If you ever have questions regarding your coverage, you will need to contact your employer or call the number listed on the back of your insurance card. Please refer to your Explanation of Benefits from your insurance company and your monthly statement from Nevada Advanced Pain Specialists.

We will bill services at the end of each work day. If you have provided information that is not accurate, we will be required to bill you directly. Changes made to your insurance information after the fact comes with a $25.00 charge to you.

_____ _____

Signature Date

* Physicians in this practice may have a financial interest or relationship with companies that provide products, services or facilities used in your care. This does not affect the care or medical decision-making used in your treatment and details are available upon request.

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Acknowledgment of Receipt of Privacy Practice Notice and Confidentiality Notice

Nevada Advanced Pain Specialists is concerned about the privacy of our patients' health care information. Our intent is to make sure you are aware of the possible uses and disclosure of your protected health information and your privacy rights. The delivery of your health care service will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment. We will use and disclose your protected health information for treatment, payment, and healthcare operations when necessary.

I acknowledge that I have been provided with a copy of Nevada Advanced Pain Specialist's Privacy Practice and Confidentiality Notice and have been given an opportunity to read and ask questions about both.

Print Name: _____ _____
Signature of Patient or Authorized Representative Date

Nevada Advanced Pain Specialists Cancellation Policy

To gain the most benefit from our office and to ensure that other patients receive the highest level of care, it is essential to keep all of your scheduled appointments.

If you are late for an appointment, you may not be seen that day. We try to keep to our schedule and you being late will affect the next patient.

We understand the need at times to cancel your appointment. If you must cancel your appointment, please give us at least 24 hours' notice. There are other patients requiring our care and your appointment can be given to someone else with enough notice.

If you fail to attend your appointment without calling or give less than 12 hours' notice of cancellation, you will be charged $40.00. This is not covered by insurance and this amount with have to be paid before scheduling another appointment.

If you cancel 3 appointments or miss 2 appointments, you will be discharged from our care.

Thank you for helping us provide the best care possible.

I have read and understand the Nevada Advanced Pain Specialists Cancellation Policy

_____ _____
Signature of Patient or Authorized Representative Date

Acknowledgment of Billing Practices

I authorize Nevada Advanced Pain Specialists to release information regarding my examination and treatment. I authorize and direct my compensation carrier to pay benefits directly to Nevada Advanced Pain Specialists. I recognize and accept responsibility if my claim is denied by the compensation carrier.

_____ _____

Signature of Patient or Authorized Representative Date

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

If you have any questions about this notice, please contact the Privacy Official for Nevada Advanced Pain Specialists at (775) 284-8650.

Introduction
The Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPPA).

At Nevada Advanced Pain Specialists, we are committed to treating and using "protected health information" about you responsibly. Protected health information includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

This Notice of Health Information Privacy Practices describes the personal health information we collect, and how and when we use or disclose that information. This notice also describes your rights as they relate to your Protected Health Information. This Notice is effective June 15, 2009, and applies to all protected health information as defined by federal regulations. Nevada Advanced Pain Specialists reserves the right to change our Privacy Information practices and to make the new provisions effective for all protected health information we maintain. Revised notices will be available to you at this office during business hours, or by mail if requested. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Acknowledgment of Receipt of this Notice
You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and you privacy rights. The delivery of your health care service will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide you treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

Understanding Your Health Record/Information
Each time you visit Nevada Advanced Pain Specialists a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record and serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others access your health information, and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights
Although your health record is the physical property of Nevada Advanced Pain Specialists, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request
- Inspect and obtain a copy your health record as provided for in 45 CFR 164.524
- Request to amend your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities
Nevada Advanced Pain Specialists is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law

Primary Uses and Disclosures of Protected Health Information
Nevada Advanced Pain Specialists can use or disclose your protected health information for purposes of *treatment, payment* and *health care operations*. For each category we will explain what we mean and give some examples. However, not every use or disclosure will be listed.

For treatment: Nevada Advanced Pain Specialists may use your health information to provide you with medical treatment or services. Treatment includes providing, coordinating, or managing health care by one or more health care providers. Treatment also can include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, Nevada Pain Specialists may share health information about you with other healthcare providers who are also involved in your treatment.

For payment: Nevada Advanced Pain Specialists may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For health care operations: Health care operations includes the support functions of Nevada Advanced Pain Specialist's practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complains, physician reviews, compliance programs and administrative activities. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Other Permitted Uses and Disclosures of Protected Health Information

Appointments: Nevada Advanced Pain Specialists may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

Business associates: Some services provided in our organization are provided through Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, or a copy service we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, business associates are required to directly comply with HIPAA.

Directory: Unless you notify us that you object, we may use your name, if you have been transported to a hospital or other facility, and give your general condition, and religious affiliation for directory purposes. This information may be provided to family members or members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification or communication with family members: Health professionals, using their best judgment, may use, or disclose information to notify or assist in notifying family relatives, personal representatives, close personal friends, or other people you identify; information relevant to that person's involvement in your care or payment information related to your care.

Research: We may disclose information to researches when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.

Food and drug administration (FDA): We may disclose to the FDA health related information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

As Required by law: Nevada Advanced Pain Specialists may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority
- To report information related to victims of abuse, neglect or domestic violence
- To assist law enforcement officials in their law enforcement duties

Health oversight activities: Federal law makes provisions for your health information to be released to an appropriated health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients.

Health and safety: Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government functions: We may disclose your health information for specialized government functions, such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Contact
For more information, to report a problem, and/or if you have any questions and would like additional information, you may contact our practice's Privacy Official:

Nevada Advanced Pain Specialists
Attn: Denis G. Patterson, DO
5578 Longley Lane
Reno, NV 89511
Phone: (775) 284-8650
Fax: (775) 284-8654
Email: patterson@nvadvancedpain.com

Complaints
If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either party. The address for the Office of Civil Rights is:

Office of Civil Rights – U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
Phone (866) OCR-PRIV (866-627-7748) or 886-788-4989 TTY