

TAMPA PAIN CLINIC – INTAKE SHEET

Biographical Information

Name: _____

Social Security #: _____ -- _____ -- _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) - _____ - _____

Cell Phone: (____) - _____ - _____

Sex: _____ Birth Date: _____

Marital Status: _____

Occupation: _____

Employer: _____

E-mail Address: _____

Employed: Unemplo. / Part-time / Full-time

How did you find out about our clinic (i.e.: friend, yellow pages, etc.): _____

Health Insurance Information: Even if we do not accept your health insurance we need this information so, for example, we can help you get pre-authorization for a prescription

Subscriber Name: _____

Insurance Carrier: _____

Insurance Number: _____

Group Number: _____

Do you have any allergies? Y N If yes, what are you allergic to: _____

Do you have a weight problem? Y N Have you ever had a weight problem? Y N

Do you have a drinking problem? Y N Have you ever had a drinking problem? Y N

Have you ever had any problems with addiction to or abuse of prescribed medication/illegal drugs? If yes, specify what substance, when you had the problem, how it was resolved, and when last treated:

What has your chronic pain been diagnosed as: _____

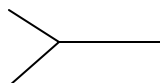
Provide approximate date you started having pain: ____/____/____

Provide approximate date you were first put on pain medication: ____/____/____

Have you ever gotten off of your pain medication, on your own or with assistance (i.e.: detox) Y N

If yes provide specifics (was it your choice or the doctors, how were you weaned off the medication?)

Weight: _____ Height: ____' ____"



OFFICE USE ONLY – Paid \$ ____ CC CA CK

Provide the names of all doctors and clinics that you have received pain management from in the past three years, what type of treatment you received (physical therapy, opiate medication, injections, etc.), and why you left that clinic (especially why you are leaving your most recent clinic).

DOCTOR NAME CLINIC NAME LOCATION TREATMENT TYPE WHY DID YOU LEAVE?

Were you discharged from any of the above clinics? Y N Explain: _____

Please list all medications that you have tried for pain control (include current and previous medications). Please list all opiates (i.e.: oxycodone, hydrocodone), NSAIDS (i.e.: celebrex, mobic), muscle relaxants (i.e.: baclofen, soma) and neuropathic agents (i.e.: neurontin, lyrica)

MEDICATION WHEN TRIED SIDE-EFFECTS PAIN RELIEF

DOCUMENTATION REVIEW

*It is crucial that you provide very detailed and **accurate** information on this sheet – this is the only time you will be asked to fill this out – your answers will be checked against your file and other records and will be incorporated into your file – we must have truthful answers to these questions.*

I. PREVIOUS TREATMENTS FOR CHRONIC PAIN

TREATMENT	USED FOR (i.e.: low back pain)	APPROX. DATE(S)	BENEFIT (0 = no relief, 10 = total relief)	LENGTH OF RELIEF
<input type="checkbox"/> OTC Meds <i>(aspirin, tylenol, etc.)</i>				
<input type="checkbox"/> Electrical Stimulation <i>(TENS, PENS, etc.)</i>				
<input type="checkbox"/> Massage				
<input type="checkbox"/> Heat/Cold				
<input type="checkbox"/> Physical Therapy				
<input type="checkbox"/> Chiropractic Care				
<input type="checkbox"/> Acupuncture				
<input type="checkbox"/> Nerve Ablation				
<input type="checkbox"/> Other <i>(do not list "treatments", i.e.: injections, burning of nerves, discograms, etc.)</i>				

II. PREVIOUS SURGERIES (be very specific)

SURGERY APPROX. DATE DOCTOR BENEFIT (0-10) LENGTH OF RELIEF

III. PREVIOUS TREATMENTS/PROCEDURES (i.e.: epidural steroid injection, facet joint injection, trigger point injection, nerve block, burning of nerves/neurolysis, discograms, implanted spinal stimulator, implanted pain pump,

PROCEDURE APPROX. DATE DOCTOR BENEFIT (0-10) LENGTH OF RELIEF

IV. OTHER HEALTH PROBLEMS / DISEASES (list any and all health problems, i.e.: diabetes, asthma, interstitial cystitis, high blood pressure, etc.)

DISEASE/DISORDER DATE OF ONSET LAST ATTACK MEDICATIONS OR TREATMENTS USED

V. LEGAL STATUS: What is your current legal status?

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Awaiting charge, trial, or sentence |
| <input type="checkbox"/> On probation only | <input type="checkbox"/> Outstanding warrant |
| <input type="checkbox"/> On parole only | <input type="checkbox"/> Case pending |
| <input type="checkbox"/> On probation and parole | <input type="checkbox"/> Other: |

Explain: _____

VI. HISTORY OF SUBSTANCE ABUSE, ADDICTION, PSYCH ISSUES

Have you ever been weaned or taken off of pain medications, either at your own request or at a physician's request? Yes No

Have you ever been in residential drug treatment? Yes No

Have you ever, or do you currently, have a problem with alcohol? Yes No

Have you ever used illegal drugs other than marijuana? Yes No

What substance? _____

Last use? _____

Length of use? _____

Frequency of use? _____

Have you ever been addicted to illegal drugs? Yes No

Have you ever been Baker-Acted or Marchman-Acted? Yes No

Have you ever felt you should cut down on your use of drugs/medication (legal or illegal, prescribed or unprescribed) or alcohol? Yes No

What substance? _____

Have you ever been annoyed when people have commented on your use of drugs, medication or alcohol? Yes No

What substance? _____

Have you ever felt guilty/badly about your use of drugs, medication or alcohol? Yes No

Have you ever used drugs, medication or alcohol to avoid withdrawal or the low feeling you get after using the substance? Yes No

What substance? _____

How often? _____

Have you ever been hospitalized for psychiatric issues? Yes No

Have you ever been diagnosed with a psychiatric disorder other than depression?

Yes

No

What diagnosis? _____

Do you frequently experience withdrawal due to running out or running low on your prescribed medications?

Yes

No

If you answered “yes” to any of the above questions please explain:

VII. FOR EACH SECTION CHECK ONE BOX ON LEFT AND ONE BOX ON RIGHT (ONLY ONE BOX!) – WE WANT TO SEE HOW YOU CAN FUNCTION WITHOUT PAIN MEDICATION AND COMPARE IT TO YOUR ABILITY TO FUNCTION ON PAIN MEDICATION, I.E.: ARE PAIN MEDICATIONS HELPFUL?

WITHOUT PAIN MEDICATION
(i.e.: before treatment)

WITH PAIN MEDICATION

PAIN INTENSITY		
<input type="checkbox"/>	No pain	<input type="checkbox"/>
<input type="checkbox"/>	Occasional pain, mildly disturbs me at home and work	<input type="checkbox"/>
<input type="checkbox"/>	Frequent mild pain and occasional severe/debilitating pain	<input type="checkbox"/>
<input type="checkbox"/>	Frequent moderate pain and occasional severe/debilitating pain	<input type="checkbox"/>
<input type="checkbox"/>	Always in some sort of pain, frequently severe enough to not be able to function	<input type="checkbox"/>
<input type="checkbox"/>	Always in severe pain, cannot do most things by myself	<input type="checkbox"/>

WORK ABILITY		
<input type="checkbox"/>	I am able to work full-time without difficulty	<input type="checkbox"/>
<input type="checkbox"/>	I am able to work full-time with slight pain that sometimes slow me down	<input type="checkbox"/>
<input type="checkbox"/>	I am able to work full-time – I can't do as good a job as I would otherwise, due to pain	<input type="checkbox"/>
<input type="checkbox"/>	I am able to work part-time. I cannot work at a normal pace for more than two hours, or a slow pace for more than four hours – this is due to pain	<input type="checkbox"/>
<input type="checkbox"/>	I am able to work part-time. I cannot work at a normal pace for more than 30 – 60 min. at a time; I can work at a slow pace for approx. two hours – this is due to pain	<input type="checkbox"/>
<input type="checkbox"/>	I am not able to work at all, even at a slower pace – this is due to pain	<input type="checkbox"/>

(if you are unemployed answer questions as if you could get a job if you were physically able)

SPORTS, HOBBIES, & SOCIAL ACTIVITIES		
<input type="checkbox"/>	I can perform normal sports, hobby activities, and social activities with friends & family	<input type="checkbox"/>
<input type="checkbox"/>	My sports, hobby and social life are normal but pain slows me down sometimes	<input type="checkbox"/>
<input type="checkbox"/>	Pain or other impairments only limit my ability to take part in energetic or competitive sports, hobby activities or social activities, i.e.: dancing and running	<input type="checkbox"/>
<input type="checkbox"/>	Severe pain or other symptoms limits moderate energetic sports, hobby, and social activity. I do not go out as often.	<input type="checkbox"/>
<input type="checkbox"/>	Pain or other symptoms limits me to only minimal sports, hobby, and social activity. I usually stay home.	<input type="checkbox"/>
<input type="checkbox"/>	Unable to participate in any sports, hobby, or social activity due to pain.	<input type="checkbox"/>

HOME ACTIVITIES		
<input type="checkbox"/>	I can perform normal home activities such as vacuuming, cooking, cleaning, laundry, etc. with no problem	<input type="checkbox"/>
<input type="checkbox"/>	I am able to do all normal home duties but pain slows me down occasionally with very strenuous activities	<input type="checkbox"/>
<input type="checkbox"/>	Pain prohibits very strenuous home activities. I can do lighter to moderate strenuous level home activities	<input type="checkbox"/>
<input type="checkbox"/>	Severe pain or other symptoms limits moderate and strenuous home activities. I need help doing some activities	<input type="checkbox"/>
<input type="checkbox"/>	I am able to do only light home activities. I am unable to vacuum floor, do dishes, sweep, mop, or do laundry.	<input type="checkbox"/>
<input type="checkbox"/>	I am unable to do any home activities due to pain or other symptoms. I need help putting on clothes and taking bathes	<input type="checkbox"/>

WITHOUT PAIN MEDICATION
(i.e.: before treatment)

WITH PAIN MEDICATION

SLEEPING		
<input type="checkbox"/>	I normally have no difficulty sleeping due to pain	<input type="checkbox"/>
<input type="checkbox"/>	I have occasional difficulty sleeping due to pain, I wake up at night and lose about 30 minutes of sleep as a result	<input type="checkbox"/>
<input type="checkbox"/>	I have occasional difficulty sleeping due to pain, I lose about 90 minutes of sleep a night	<input type="checkbox"/>
<input type="checkbox"/>	I have occasional difficulty sleeping due to pain. I am restless most of the night. I lose about 2.5 hours of sleep a night	<input type="checkbox"/>
<input type="checkbox"/>	I spend at least half of my "sleeping hours" awake due to pain, even with medication	<input type="checkbox"/>
<input type="checkbox"/>	I have no normal sleeping hours. I cannot sleep more than 2-3 hours at a time; I never feel fully rested	<input type="checkbox"/>

SITTING		
<input type="checkbox"/>	I can sit at my desk or drive my car normally with no pain	<input type="checkbox"/>
<input type="checkbox"/>	I can sit at my desk or drive my car with occasional annoying pain. I need to take breaks on long trips	<input type="checkbox"/>
<input type="checkbox"/>	Sitting or driving causes frequent annoying pain. Pain becomes severe if sitting for more than 2 hours where I need to change positions.	<input type="checkbox"/>
<input type="checkbox"/>	I can sit or drive for 3-4 hours but I need frequent breaks to change my body position. Unable to sit constantly.	<input type="checkbox"/>
<input type="checkbox"/>	I cannot sit or drive for more than 30 minutes at a time due to pain severity.	<input type="checkbox"/>
<input type="checkbox"/>	I cannot sit at my desk, chair at home, or drive my car at <i>any</i> time due to pain severity.	<input type="checkbox"/>

UPPER BODY FUNCTION (Neck & Arms)		
<input type="checkbox"/>	I am able to use my neck, shoulders, arms and hands in all normal activities with no pain.	<input type="checkbox"/>
<input type="checkbox"/>	I am able to use my neck, shoulders, arms, and hands in all normal activities with occasional annoying pain.	<input type="checkbox"/>
<input type="checkbox"/>	I am able to lift and move my head and neck, lift arms over my head, reach over my head, carry objects, grip objects with my hand. I have occasional pain when lifting heavy objects over my head which causes me to stop. Occasionally I will have difficulty feeling or gripping objects with my hands due to either weakness or numbness. I am limited to light to moderate weights in my hands.	<input type="checkbox"/>
<input type="checkbox"/>	I am able to lift my arms up to the height of my shoulder for short periods of time but not over my head, carry light to moderate weight objects, grip objects with my hands. I get occasional pain when lifting heavy objects over my head. Occasionally will have difficulty typing, feeling, or gripping objects with my hands due to weakness or numbness. I drop objects 2-3 times a week. I have to use 2 hands for some activities where I could use one hand before. I am limited to moderate weights.	<input type="checkbox"/>
<input type="checkbox"/>	I am able carry and grip light objects only. I get frequent pain when lifting any objects over my waist and sometimes am unable to lift to the height of my shoulder. I am unable to lift my arms to the height of my shoulder and lift over my head. I frequently have difficulty feeling or gripping objects with my hands due to either weakness or numbness. I drop objects daily unless I am very careful. I have to use two hands for most activities where I could it with one hand before. I have frequent difficulty typing, using the computer, and writing letters. I am limited to light weights. I have lost 75% of hand lifting ability.	<input type="checkbox"/>
<input type="checkbox"/>	I am able to lift my arms to the level of my shoulders only and just lifting my arms above my waist causes severe pain. I am unable to lift any object over the height of my waist. Every time I lift my arms up I get severe pain in my neck, shoulders, or arm and I have to lower my arm or arms immediately. I am unable to write letters. I am unable to lift 5 pounds in my hands.	<input type="checkbox"/>

WITHOUT PAIN MEDICATION
(i.e.: before treatment)

WITH PAIN MEDICATION

LOWER BODY FUNCTION (Low Back & Legs)		
<input type="checkbox"/>	I can sit, drive, stand, squat, stoop, walk, bend my knees, use my feet, and lift normal heavy weights with no low back/leg pain.	<input type="checkbox"/>
<input type="checkbox"/>	I can sit, drive, stand, squat, stoop, walk, bend my knees, use my feet, and lift normal heavy weights with occasional annoyance of mild pain. I can do all of these activities but slower if demands are high.	<input type="checkbox"/>
<input type="checkbox"/>	Moderate levels of low back/leg pain if I do prolonged sitting, driving, standing, stooping, walking, or bending. I can lift heavy objects positioned properly. Pain limits me to walking ½ mile. Unable to stand for more than 45 min. at a time. Repeated stooping/bending for more than 20 min. slows me down	<input type="checkbox"/>
<input type="checkbox"/>	Moderate to severe levels of low back/leg pain happen if I do prolonged or repeated sitting, driving, standing, stooping, walking, or bending. I can't lift heavy objects at all and am able to lift moderately heavy objects (1/4 th my body weight) if properly positioned. Pain limits me to walking ¼ mile. Unable to stand for more than 30 minutes at a time.	<input type="checkbox"/>
<input type="checkbox"/>	I experiences severe levels of pain if I do short term sitting, driving, standing, stopping, walking or bending. I can't lift moderate or heavy objects at all and am able to lift light objects only (10-15lbs). Need lumbar belt support and/or cane for support to walk. Pain limits me to walking to one block. Unable to stand for more than 10 minutes at a time.	<input type="checkbox"/>
<input type="checkbox"/>	I experience severe levels of pain if I do sitting, driving, standing, stopping, walking or bending. I am able to walk only with use of cane, crutches or wheelchair. I need to lie down frequently to relieve pain. I am unable to lift or carry any object over five pounds. I need lumbar belt support and/or cane for support to move about in my home. During the daytime I lie down 3-4 hours.	<input type="checkbox"/>

MENTAL ABILITY		
<input type="checkbox"/>	My memory and mental function are normal. I have no difficulty with work or home demands.	<input type="checkbox"/>
<input type="checkbox"/>	I am able to perform most mental activities and am able to function at work, home, and in society. I have occasional slight difficulty with complex tasks, memory, and math.	<input type="checkbox"/>
<input type="checkbox"/>	I am able to functions normally in most work, home, and society activities. Complex tasks, multiple tasks, and intense concentration tasks are difficult, often resulting in mistakes. I have noticed about a 10-25% memory loss and job performance decline recently.	<input type="checkbox"/>
<input type="checkbox"/>	I am not able to handle difficult or complex tasks. I have notable memory loss and difficulty making decisions. My friends, family, and I have noticed recent personality changes., It takes much longer to do work and home tasks. I can handle one simple task at a time. I have to write down my daily tasks to remember. My job performance ratings are poor. I have noticed about 26-50% memory loss and job performance decline recently.	<input type="checkbox"/>
<input type="checkbox"/>	I am able to handle only simple tasks one at a time. Unable to keep full time job. My job performance ratings are poor. My reaction times have slowed down a lot. I have notice about a 52-75% memory loss and job performance declined recently.	<input type="checkbox"/>
<input type="checkbox"/>	I am unable to hold any job at all. I am unable to balance my checkbook and need help. I am unable to shop without a shopping list. I have severe performance difficulties. I am unable to remember instructions.	<input type="checkbox"/>

If you checked off something other than “My memory and mental function are normal” please explain why. For example, did you have difficulty before treatment due to the amount of pain you are in; are the medications making it slightly hard for you to concentrate; is there some underlying disease or disorder that causes these problems, etcetera?

SLEEP APNEA RISK ASSESMENT

- Have you ever been told that you have or might have a problem with sleep apnea? Y/N
- Has anyone in your family ever been diagnosed with sleep apnea? Y/N

- Do you snore? Y/N
 - If you snore, do you snore loud (loud enough to be heard through door) Y/N
- Have you ever been or are you currently being treated for high blood pressure? Y/N
- Do you feel tired or sleepy during the daytime? Y/N
- Have you ever been told you stopped breathing during sleep? Y/N

- Do you wake up throughout the night or constantly turn from side to side? Y/N
- Do your arms or legs jerk while you're sleeping? Y/N
- Do you make abrupt snorting noises during sleep? Y/N
- Do you have headaches in the morning when you wake up? Y/N
- Do you have acid reflux (heart-burn)? Y/N
- Do you have any memory problems? Y/N

- If male, do you have any impotency problems? Y/N

SLEEP APNEA INFORMATION

Sleep apnea is a condition which causes people to stop breathing during sleep. When you stop breathing, even for brief periods, it deprives your brain of much-needed oxygen - a fact which makes sleep apnea a very dangerous and potentially deadly condition. On its own, sleep apnea, if left untreated, can lead to high blood pressure and other cardiovascular disease, as well as memory problems, weight gain, impotency, and headaches. It also makes a patient more likely to fall asleep during the day, thus potentially leading to motor vehicle or other types of accidents.

Patients who have sleep apnea react to pain medications in a particularly dangerous way.

For a regular patient, taking too much of their pain medication can cause respiratory failure - they can stop breathing and die. But before this happens, there are almost always warning signs - signs of sedation, or tiredness, which serve to alert the patient and their physician that the patient is taking too much pain medication. Furthermore, normal patients, over time, tend to get tolerant to their pain medication - meaning that as long as they follow the physician's instructions, they are unlikely to run into any problems with respiratory failure.

However, patients with sleep apnea, because of their disease, are much more prone to stop breathing and die - *even on low doses of pain medication*. Furthermore, if a patient with sleep apnea combines their pain medication with other sedatives, or with alcohol, their risk of death increases dramatically. There is, however, treatment available for patients with sleep apnea (i.e.: losing weight, not sleeping on your back, wearing a CPAP mask). For this reason, it is *especially imperative* that pain patients who have sleep apnea be diagnosed and treated appropriately.

Sleep apnea is seen most often in patients with a BMI (body mass index) of 35 or higher (a normal BMI is often considered to be between 18.5 and 24.9). *However, it can also be found in patients with a normal BMI*. Approximately 9% of women and 24% of men ages 30 to 60 have sleep apnea. Furthermore, it has been estimated that 80 - 90% of patients with sleep apnea are unaware of their condition. This means that you might have sleep apnea and not know it. Having sleep apnea alone can lead to death. Since you are a pain patient, if you do have sleep apnea, you have an especially increased risk of death from respiratory failure.

Sleep apnea can only be officially diagnosed via a sleep study - something that Doctor VanDercar doesn't do. We are providing all patients with a risk assessment questioner and attempting to help them figure out whether they are an especially high risk of having sleep apnea. *However, the risk assessment form cannot provide a true diagnosis* - thus you might have sleep apnea and might not know it. If you have sleep apnea, and are untreated, taking pain medication can be quite dangerous.

I understand that:

- The only way to find out whether you have sleep apnea is to get a sleep study
- We do not perform sleep studies

- Someone with sleep apnea is much more likely to die from taking pain medication - even if they take it as prescribed
- I might have sleep apnea and not know it
- Dr. VanDercar does not provide a diagnosis – he attempts to screen his high-risk patients, but does not do the sleep study necessary for a true diagnosis. I recognize that I can go to a sleep center for diagnosis and treatment.
- I can somewhat reduce these risks, but not eliminate them by doing the following (1) not sleeping on my back, (2) losing weight so as to be below a BMI of 25, (3) not smoking, (3) not drinking *any* alcohol, (4) staying away from sedatives, (4) and following doctor instructions as to how to take my medications

SIGN WHICHEVER SECTION IS APPROPRIATE DEPENDING ON WHETHER YOU ARE WILLING TO ACCEPT THE ABOVE MENTIONED RISKS:

WILLING TO ACCEPT RISKS:

- I understand the above statements.
- Because my pain is very severe I am willing to accept these risks, including the risk of death.
- I understand that I have it in my power to go to a sleep specialist and get evaluated by a sleep specialist. If I fail to do so it is at my own peril. Such action would allow me to obtain a proper diagnosis, and be prescribed appropriate machinery/measures (i.e.: a CPAP mask, surgery, etc.) which would significantly lower my risk of dying or being injured from a combination of untreated sleep apnea and the taking of narcotics.

Signature of patient: _____

NOT WILLING TO ACCEPT RISKS

- I understand the above statements.
- Despite the severity of my pain I am not willing to accept these risks.
- As I am not willing to accept these risks I will not be put on opiate pain medication nor will I be put on any medication that increases my risks of sleep apnea. If I am currently on any of these medications Dr. VanDercar will help me get off of them.

Signature of patient: _____

TAMPA PAIN CLINIC – IMPORTANT INFORMATION

ABOUT OUR CLINIC --

- Tampa Pain Clinic is dedicated to the ethical treatment of patients who suffer from chronic nonmalignant (something other than cancer) pain. In addition to other appropriate modalities, when appropriate, we treat patients' pain pharmacologically -- with opiates.
- Our goal is not to eliminate your pain; but, rather, to develop a medication regime which pushes your pain into the background as much as possible without causing unwanted side effects. It is better to have a patient in some pain than to have a patient who falls asleep because of their medications.
- As a clinic we want to provide pain medication to those people who truly need it while keeping it out of the hands of those people who will misuse or sell it. This means that we have certain rules that we will not break, no matter what explanation... For example: if you lose your medications we will not replace them; because how can we tell whether you really lost them, or if instead you sold them, or took them all?

RULES ASSOCIATED WITH OUR PROGRAM

- In order to continue to be able to provide pain medication to those in need, our clinic has a number of rules which must be followed – failure to follow the rules can result in your being dismissed from the practice – this means we can no longer be your doctor. If you are dismissed you will not be given **any** medication – this can cause you to go into withdrawal – we will provide a methadone clinic brochure in such cases. A methadone clinic requires that you go there every day and take the medication in front of staff members.
- The goal of having such rules are to 1) keep our patients' safe, 2) prevent the abuse of pain medication, 3) prevent the illegal sale of pain medication, and 4) ensure that our clinic remains open, allowing us to continue to treat pain patients.

RULE #1: You can **ONLY** get pain medication or controlled substances (e.g.: tramadol, hydrocodone, soma, methadone, etcetera) from Dr. David VanDercar. If you obtain a similar substance from another doctor it constitutes doctor shopping – which is a felony punishable by 5 years in prison. We now have access to the prescription database – we check it! If you are found to have doctor shopped you will be discharged and other measures, as appropriate, will be taken.

If we are prescribing you a benzodiazepine – e.g.: xanax, klonopin, valium, oxazepam, etcetera, you CANNOT get any similar medication from any other provider.

- EXCEPTION TO RULE #1: If something unexpected occurs, *other than your current pain condition*, which causes you to be admitted to the hospital, or taken to the emergency room, they can give you pain medication WHILE IN THE HOSPITAL – do NOT leave with any prescription or medication; this only applies to pills given while in hospital or injections while in hospital.
- NOTE: If you know that you will be going in for a medical or dental procedure, which will leave you in more pain than usual, let us know – we will work with you to try and make sure that your pain is managed postoperatively.

RULE #2: Never share, give, loan, etc. any of your medications to anyone else. The amount of pain medication that you are able to take could cause another person, who is not “tolerant,” to overdose and die. It is a violation of your contract AND it is illegal to share your prescription medications with another person.

RULE #3: Never take more medication than you are prescribed – no matter how much pain you are in. If you increase your medication on your own you will run out early, and will go into withdrawal. We will NOT give you extra medication if you run out early – this means you will go through withdrawal – you CANNOT go to another doctor and get more medication in such a case, see rule #1 above.

Patients are given medication ONLY at appointments – appointments are typically scheduled every 2 – 4 weeks – check your prescription, take the medications as prescribed on the bottle... If for some reason we ask you to come in early, e.g.: during a Christmas Holiday, any scripts you are given will have a “do not fill till” date on them, so the medication is not given early.

If you feel like you need more medication give us a call and we will talk about it – but do not increase your own dosage without permission.

- We will NOT replace medications that are lost, stolen, dropped down the drain, etc. You must wait till your regularly scheduled appointment.

RULE #4: If you are going to stop taking a medication we prescribed, OR if you are taking LESS of a medication we prescribe TELL US immediately – do not stock-pile / hoard medications... do not take a prescription you are not going to fill.

RULE #5: Do not combine the medication we prescribe with illicit drugs, other pain medications (i.e.: from online, a friend, etc.) or alcohol. We will periodically drug test our patients, both randomly and as necessary. When we ask you whether you have taken any drugs/other pain medications **do not lie to us**. We will be *much* more prone to discharge someone for bad test results if they had lied about it, than if they had been honest about it.

I have read, and understand the above mentioned rules, procedures, and explanations. I freely have chosen to attend my pain management consultation in an effort to become a patient here at Tampa Pain Clinic, despite the risks.

Signature:

PROBLEMS WITH BEING A PAIN PATIENT

You must recognize the potential dangers and problems of becoming/being a pain patient...

Choosing to go onto pain medication is a serious decision which requires a great deal of thought. There are many side-effects and problems which you will encounter. Deciding to take opiates is a life-changing decision, so make sure to carefully read the attached sheet on side-effects and decide whether your pain is bad enough to warrant becoming a pain patient.

Summary of the problems:

- You will become “dependent” on pain medication (this is quite different from addiction), meaning that if you stop taking it you will go into withdrawal (the sweats, anxiety, etc.).
- You will become tolerant to the medication, requiring that you will slowly, over time, need more pain medication in order to obtain the same level of pain relief as before.
- You will probably have a somewhat large pharmacy bill each month, even if you have prescription coverage, due to large co-pays, or the cost of the medication itself.
- If you are admitted to the hospital you will probably be treated quite poorly (discriminated against because you are a pain patient), they might refuse to give you your pain medication or instead drastically cut the dose down. We cannot be of much help while you are in the hospital; all we can do is talk to the treating physician about your treatment plan.
- You could become addicted to the pain medications (this is not common for patients who take their medications as prescribed).
- You could overdose and die from the pain medication.
- You will probably have problems with constipation for the entire duration of your treatment – though the problem can be minimized via stool softeners.
- You will have to work hard not to gain weight -- pain medication tends to increase an individual’ appetite and thus lead to weight gain
- You might have problems with sleepiness, in which case you need to call us so we can help you fix it.

PROBLEM #1: DEPENDENCY

Physical dependence is not synonymous with addiction. It simply means that if you were to abruptly stop taking your pain medication your body would physiologically and psychologically react. Symptoms would include sweating, chills, vomiting, dysphoria, etc. Physical dependence can occur with a variety of medications, even something such as heart medicine – a heart patient cannot suddenly stop taking their medication without having some sort of problem, they are dependent on it. But, realize, that being dependent on pain medication means that you are tied to your meds – going on a trip? Forgot them? Better turn around... otherwise you will go into withdrawal; and we will not prescribe you extra medications just because you forgot them/lost them/had them stolen.

Some individuals believe it would be better to learn to live with your pain as an everyday part of life. When possible this is a good idea, however, there are instances in which either the pain is so intense or the person's ability to cognitively handle it is not adequate, and they choose to use opiates. Withdrawal can typically be avoided by taking your doses on a schedule (i.e.: get an alarm, set it every X hours), and never forget them by, perhaps, placing an extra couple doses of your meds in your purse/bag/car (with their labels – use your extra set which you get from the pharmacy). The moral of the story, though, is that you must realize that if you choose to become a pain patient here (and are accepted Minto our clinic), you will most likely be placed on some sort of opiate, meaning that you will have to deal with dependency and the prospect of withdrawal.

Are the benefits of controlling your pain, not eliminating it, but pushing it into the background, worth being tied to a medication that you must take on an exacting schedule? If you read the testimonial section of our message board you will find many individuals from our clinic who state that their life has totally been turned around, going from being bedridden and in too much pain to interact with their family, to once again being an integral part of it, and enjoying life. There are others, who tend not to write testimonials that find that the amount of pain relief that they achieve is not worth the various side effects and risks associated with opiates – and therefore choose to learn to accept their pain.

There is a large divide in this country, between those professionals who support the use of opiates for controlling non-malignant pain, and those that feel that it is inappropriate and dangerous. The latter argument is a very strong one if we are to assume that pain does not cause any damage. But, in fact, the American Medical Association, and many other associations, have gone on record spelling out how stress can adversely affect your heart, your brain, your susceptibility to cancer, as well as your general longevity. Only you can answer the question of whether you are a candidate for our program – it is important for you to think about it carefully, however.

PROBLEM #2: TOLERANCE

Tolerance is a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time. Or, in other words, as time passes, your requirement for opiates will increase, because you are getting accustomed to the medication. This is a real phenomenon that should be expected. Tolerance develops regardless of whether your drug use is legitimate or addictive. It usually requires increased doses of the drug to produce the pharmacologic effects that initially resulted from smaller doses. It is important, however, that the clinician not increase medications too rapidly.

It is also important, as a clinician, for us to distinguish between a patient's request to increase their medication due to tolerance, versus a request based on a desire to feel euphoria (mood elevation). We must distinguish between these two types of requests because when a patient takes opiates (or any controlled substance) for mood control, to make them feel less relaxed, less anxious, etc., they are walking down a dangerous road – for they will continually want more and more. It is better to take an amount of narcotic that will control your pain – making it bearable, while allowing you to function normally, i.e.: without being sedated. Remember that in most instances it is not a good idea to totally eliminate your pain; pain is a way of letting us know what our bodies cannot do, i.e.: lifting something heavy when you have a herniated disc.

In other words: 1) do not expect to eliminate your pain, but only to make it bearable, i.e. to take the edge off; and 2) make sure that if you ever ask for a dose increase you are doing it because your pain is not being controlled (it is no longer in the comfortable/bearable range), rather than out of a desire for a mood elevation.

PROBLEM #3: ADDICTION

Dependence is not synonymous with addiction, but realize that some patients do get addicted to their pain medications. Addiction is a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving. Or in other words compulsive drug seeking for purposes of getting high or altering your consciousness.

Neither dependence nor tolerance is in of itself evidence of addiction. While tolerance and dependence are predictable effects of being a pain patient, addiction is not... just being a pain patient is not enough to make you into an "addict", rather, you must be biologically and/or psychosocially vulnerable to becoming an addict. If you ever find yourself taking your medication for reasons other than pain relief, find that you are not in control of your usage, etc., let us know.

PROBLEM #4: POTENTIAL TO OVERDOSE AND DIE

There's a large number of people throughout the country, each year, who overdose on their pain medication, and subsequently die. Typically this is because either 1) the patient took more medication than they had been prescribed to take, 2) they mixed the medication with something else that they hadn't talked to their pain doctor about using while on pain meds – either because they forgot to mention the medication (i.e.: do this while on MAOI's and there is a good chance of death), or because they got the medication illegally via a friend/internet/etc. or 3) they drank too much alcohol (patients are not supposed to drink while taking narcotics). In these situations death can occur due to depression of respiration – in other words, the persons desire to breath, drive to breath, is diminished to the point that they stop breathing.

PROBLEM #5: SIDE EFFECTS

Unfortunately there are a number of side effects that pain patients can encounter. Common ones include: constipation, loss of libido, itchiness, sedation, difficulty urinating, confusion, lightheadedness, sweating, dry mouth, nausea, vomiting, loss of appetite, dry mouth, and tiredness More serious side effects include: shallow breathing, seizures, cold/clammy skin, confusion, or even death.

Some of the more minor side effects can last the duration of treatment. For example, constipation, which you will probably be plagued with on a regular basis unless you eat a high fiber diet, drink lots of fluid, and/or take the right amount of stool softener/laxative. Another side effect, worth considering (but which typically dissipates with time, when present) is the sedative qualities of narcotics. In order to minimize sedation, patients are only given a dose which is strong enough to control their pain, not one which totally eliminates their pain. This is because, in order to totally eliminate one's pain a dose must be provided which is so large that typically it will cause the patient to become so sedated that they are unable to properly function. While we have to take steps to alleviate our pain we also have a responsibility to our fellow man that we are not going to place them in danger via our behavior. Becoming impaired through drugs, and causing an accident is looked at just the same as someone who abuses alcohol and does the same.

PROBLEM #6: EXPENSE

For people who have good pharmacy coverage the co-pays are apt to run around \$150 (and up) a month -- maybe even more for people whose insurance charges a percentage of the total cost, rather than a flat fee. For those who have no coverage the cost is considerably higher. This plus the \$120 office visit represents a considerable portion of

many people's budgets and needs to be taken into consideration before choosing to visit a pain clinic.

PROBLEM #7: NEED TO GO TO THE HOSPITAL? COULD BE A PROBLEM...

There are many Nurses, as well as Doctors who disagree with the notion of giving patients, who do not have cancer, strong pain medications – such as OxyContin, Methadone, etc. If you become a pain patient, depending on your dose, there is a good chance that you will be treated very poorly if you ever have to go to the ER or the hospital, even if your visit is completely unrelated to your pain. At the clinic we have heard stories of pain patients receiving horrible care simply because of what medications they were on i.e.: being ignored, being forced into withdrawal , not being allowed to take pain medication, being reprimanded for being a chronic pain patient on opiates – or having doctors refuse to admit them because no one is willing to prescribe the appropriate medications. with adequate pain medications. We are more than happy to talk with them, during normal business hours, and discuss your treatment plan – but we cannot intervene.

So, before becoming a pain patient (if you are not already one...) think about this dilemma, and realize that it is something might have to face if you choose to come here, or anywhere else that prescribes opiates. And – once a pain patient, discuss the issue of how your pain is going to be handled before you go into the hospital, and ask for a pain specialist list ahead of time – make sure that your doctors understand that if you do not get the medicine you will go into withdrawal, and withdrawal is not healthy while in a hospital, it interferes with recovery.

I read, and understand all of the problems associated with pain management. I understand that these are difficulties I will in fact face. However, due to my chronic pain I am willing to suffer these difficulties in my attempt to find proper pain control:

Signature:

TAMPA PAIN CLINIC – ADMINISTRATIVE POLICIES

PAYMENT:

- Payment is due prior to the provision of services (before your appointment) – you are paying for our evaluation and treatment, not for the medication – thus, payment will not be refunded under any circumstances, i.e.: even if we refuse to accept you as a patient, discharge you after a failed urine test, or otherwise refuse to provide medication.
- We will not accept post-dated checks, partial payments, or non-payment.
- A \$30 administrative fee will be charged for any returned check.
- For self-paying patients the first visit is \$150 and future office visits are \$120.
 - If, however, there is a problem with your medications such that you have to come in and be seen in-between appointments, the cost will typically only be \$60.

APPOINTMENTS:

- You are required to cancel your appointment 24 hours in advance in order to avoid a \$25 fee that is charged to all “no-show” patients.
- You must come at your scheduled time and day. Except on rare occasions, patients will not be seen prior to their scheduled appointment. Patients that come more than a few minutes early, or late, for their appointment, will be made to wait until all of the scheduled patients have been seen (which could take a long time); you might be forced to reschedule for the following day.
- At each office visit, you are provided with your next appointment date. It is important to schedule your appointment on a day and time you can keep. We are unable to reschedule appointments for a day prior to your scheduled appointment date. For an emergency only, we will allow an appointment to be rescheduled early – however, in such a case, the prescriptions will be marked with a “do not fill until...” date, so that they can only be filled on or after your correct, original appointment date. This is to prevent you from receiving your medications early.

MALPRACTICE INSURANCE:

- “Under Florida law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR DOCTOR HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.”

MISC. POLICIES:

- I understand that I can be called in for a “pill count” at any point in time – we rarely do this, but if you are contacted for a pill count you will have 48 hours to get to our office or a nearby pharmacy, where you will then have all of your pills counted. Failure to come in for a pill count automatically results in your discharge.
- When asked for a urine sample you must provide that sample – you cannot leave the office after we have requested the sample. If you leave without providing a sample you will automatically be discharged and your money will not be refunded.
- I also understand that should I fail to follow the contract, I will be discharged, and if appropriate, will be referred to an addiction specialist. If my failure to follow the contract involves illegal activity, such as doctor shopping, the clinic reserves the right to turn me in to the local police, and to provide them with all accompanying proof and paperwork.
- I recognize that there are many medications that can harm a fetus – as such, if I become pregnant, or believe I might be pregnant, I will immediately contact the office and inform them of this fact and will write it on my pain questionnaire that I turn in every month.

I have read, understand, and agree to the above listed statements and policies.

Signature: _____

Date: _____

TAMPA PAIN CLINIC – HIPAA POLICY

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician’s practice, and any other use required by law .

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician’s practice. These activities include, but are not limited to, quality assessment activities, employee

review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with Section 164.500.

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law. **You may revoke this authorization**, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

2. Your Rights

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information: This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific

restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint.

We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before **April 14, 2003.**

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our Office Manager – Rose Cramer.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND PERMISSIONS TO SHARE
HEALTH INFORMATION**

I _____ **have received a copy** of Tampa Pain Clinic, LLC's Notice of Privacy Practices today, the _____ day of 2012.

I hereby **give permission** to Tampa Pain Clinic, LLC, **to disclose my health information** to the following person(s) if the need arises (i.e.: spouse, emergency contact, etc.)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

As further described in the Notice of Privacy Practices, I understand that I may request certain restrictions on the use and disclosure of my health information. I request the following restricts. **Tampa Pain Clinic is not required to agree to my requests.**

Please do not release my health information to:

As shown above, by my initials, I have received a copy of the HIPAA Privacy Practices, and, if applicable, I wish that my health records be given, or withheld, from the above listed people.

Patient Signature _____

BY SIGNING THIS AGREEMENT YOU ARE WAIVING YOUR RIGHT TO A JURY TRIAL AND YOU ARE AGREEING TO ARBITRATE ALL CLAIMS ARISING OUT OF OR RELATED TO YOUR MEDICAL CARE AND TREATMENT WITH THE TAMPA PAIN CLINIC

ARBITRATION AGREEMENT FOR CLAIMS ARISING OUT OF OR RELATED TO MEDICAL CARE AND TREATMENT

1. AGREEMENT TO ARBITRATE CLAIMS REGARDING FUTURE CARE & TREATMENT. The patient agrees that any controversy, including without limitation, claims for medical malpractice, personal injury, loss of consortium, or wrongful death, arising out of or in any way relating to the diagnosis, treatment, or care of the patient by the undersigned provider of medical services, shall be submitted to binding arbitration.
2. AGREEMENT TO ARBITRATE CLAIMS REGARDING PAST CARE & TREATMENT. The patient agrees that any controversy, including without limitation, claims for medical malpractice, personal injury, loss of consortium, or wrongful death, arising out of or in any way relating to the past diagnosis, treatment, or care of the patient by the undersigned provider of medical services, or the provider's agents or employees, shall be submitted to binding arbitration.
3. WAIVER OF RIGHT TO JURY TRIAL. Both parties to this Agreement, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of binding arbitration.
4. ALL CLAIMS MUST BE ARBITRATED BY ALL CLAIMANTS. All claims based upon the same occurrence, incident, or care shall be arbitrated in one proceeding. It is the intention of the parties that this Agreement bind all parties whose claims may arise out of or relate to treatment or services provided by the undersigned provider of medical services, including the patient, the patient's estate, any spouse or heirs of the patient, and any children of the patient, whether born or unborn, at the time of the occurrences giving rise to the claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child or children. By signing this Agreement, the parties consent to the participation in this arbitration of any person or entity that would otherwise be a proper additional party in a court action.
5. ARBITRATION PROCEDURES. The parties agree and recognize that the provisions of Florida Statutes, Chapter 766, governing medical malpractice claims shall apply to the parties and/or claimant(s) in all respects except that at the conclusion of the pre-suit screening period and provided there is no mutual agreement to arbitrate under Florida Statutes 766.106 or 766.207, the parties and/or claimants(s) shall resolve any claim through arbitration pursuant to this agreement. Within (15) fifteen days after a party to this Agreement has given written notice to the other of a demand for arbitration of said dispute or controversy, the parties to the dispute or controversy shall each appoint an arbitrator and give notice of such to appointment to the other. Within a reasonable time after such notices have been given the two arbitrators so selected shall select a neutral arbitrator and give notice of the selection thereof to the parties. The arbitrators shall hold a hearing within a reasonable time from the date of notice of selection of the neutral arbitrator. The parties agree that the arbitration proceedings are private, not public, and the privacy of the parties and of the arbitration proceedings shall be preserved.
6. ARBITRATION EXPENSES. Expenses of the arbitration shall be shared equally by the parties to this Agreement.
7. APPLICABLE LAW. Except as herein provided, the arbitration shall be conducted and governed by the provisions of the Florida Arbitration Code, Florida Statutes, Section 682.01 et seq. In conducting the arbitration under Florida Statutes, Section 682.01 et seq., all substantive provisions of Florida law governing medical malpractice claims, including but not limited to, Florida's Wrongful Death Act, the standard of care for medical providers, and the applicable statute of limitations shall apply.

8. EFFECT OF REFUSAL TO PROCEED WITH ARBITRATION. In the event that any party to this Agreement refuses to go forward with arbitration, the party compelling arbitration reserves the right to proceed with arbitration, the appointment of an arbitrator, and hearings to resolve the dispute, despite the refusal to participate or absence of the opposing party. Submission of any dispute under this agreement to arbitrate may only be avoided by a valid court order, indicating that the dispute is beyond the scope of this arbitration Agreement or contains illegal aspects precluding the resolution of the dispute by arbitration. Any party to the Agreement who refuses to go forward with arbitration hereby acknowledges that the arbitrator will go forward with the arbitration hearing and render a binding decision without the participation of the party opposing arbitration of despite that party's absence at the arbitration hearing.

9. SEVERABILITY. If any provision of the Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

10. ACKNOWLEDGEMENTS BY PATIENT. The patient, by signing this agreement, also acknowledges that he or she has read this contract and thus been informed that:

- a. NO DURESS. The Agreement may not be submitted to a patient for approval when the patient's condition prevents the patient from making a rational decision whether or not to agree;
- b. AGREEMENT BASED UPON OWN FREE WILL . The decision whether or not to sign the agreement is solely a matter for the patient's determination without any influences by the physician or hospital;
- c. RECEIPT OF COPY OF AGREEMENT. I have received a copy of the Agreement.
- d. BINDING ARBITRATION AND EFFECT ON RIGHT OF APPEAL. Binding arbitration means that the parties give up their right to go to court to assert or defend a claim covered by this Agreement. The resolution of claims covered by this Agreement will be determined by a neutral panel of arbitrators and not a judge or jury. Each party is entitled to a fair hearing, but the arbitration procedures are simpler and more limited than rules applicable in court. Arbitration decisions are as enforceable as any court order. The decision of an arbitration panel is final and there will generally be no right to appeal an adverse decision.
- e. READ AGREEMENT, AND UNDERSTOOD. I have read and understand the above Agreement and I realize that I request it, someone will explain this Agreement to me to my satisfaction. I understand that I have the right to have my questions about arbitration of this Agreement answered and I do not have any unanswered questions. I execute this Agreement of my own free will and not under any duress.

Patient - Print Name

Patient – Sign name

_____, 20____

David VanDercar, MD, Ph.D
Tampa Pain Clinic, L.L.C. ("Undersigned")
3500 E. Fletcher Ave, Suite 502
Tampa, FL 33613

“QUIZ” ON WHAT YOU LEARNED FROM THIS PACKET

(Feel free to go back and re-read some of the information to find the answer).

1. IF YOU ARE ON OPIATE PAIN MEDICATION, AND SUDDENLY STOP TAKING IT, WHAT WILL HAPPEN? (CIRCLE ONE ANSWER).

- A. You will not have any problems as long as you haven't become addicted to the medication.
- B. You will go into withdrawal, because you will have become dependent on the medication, which is something that is completely normal.
- C. You will have to go to the hospital, because you can die if you stop taking your medication suddenly.
- D. Nothing will happen, except that you will be in lots of pain.

2. WHICH STATEMENT IS FALSE? (CIRCLE ONE ANSWER).

- A. All pain patients become dependent on pain medication; however, it is very rare for a pain patient, who takes their medications properly, to become addicted.
- B. Patients on heart medication become dependent – dependency just means that you can't stop taking your medication suddenly because your body is used to it.
- C. If you follow your doctor's directions about how to take the pain medication you probably will not become addicted to it.
- D. If you stay on pain medication long enough, you will become addicted to it.

3. IF YOU ARE DOCTOR-SHOPPING (GETTING MEDICATIONS FROM MORE THAN ONE DOCTOR WITHOUT TELLING US ABOUT IT) YOU WILL... (CIRCLE ALL THAT APPLY).

- A. Be discharged from the clinic.
- B. Not be given a month's supply of medication.
- C. Potentially be turned over to the police.
- D. Be guilty of a serious charge and go to jail.

4. WHEN ARE YOU ALLOWED TO TAKE PAIN MEDICATION FROM ANOTHER DOCTOR WITHOUT FIRST GETTING OUR PERMISSION? (CIRCLE ONE ANSWER).

- A. Whenever you feel like you need it and you can't get in touch with us.
- B. Whenever another doctor offers it to you.
- C. Whenever you go to the hospital or emergency clinic, and they offer it to you.
- D. When an emergency, other than your current pain condition, causes you to get admitted to the hospital (or taken to the emergency room) and you have told the ER/hospital doctor what medications we are prescribing for you, and at your next visit you immediately inform us of what medications were prescribed by the ER/hospital.

5. IF YOUR PAIN MEDICATION IS NOT CONTROLLING YOUR PAIN, WHAT DO YOU DO? (CIRCLE ONE ANSWER).

- A. Go ahead and take as much as you need as long as you tell us at your next visit.
- B. Go to the ER (even though your pain problem is the same one that you usually have), tell them what you are taking, ask for more medication, and just tell us at your next visit.

- C. Take the medications you are allowed to take, and then call us and tell us what your problem is.
- D. Take what you need to, even if that means you have to take some old pain medication that you have in your medicine cabinet, or some medication that a friend has give you – just make sure that you don't become addicted.

6. WHICH OF THE FOLLOWING ADMINISTRATIVE STATEMENTS ARE TRUE? (CIRCLE ALL THAT APPLY).

- A. Very rarely, Dr. VanDercar will decide not to accept a new patient, because of dishonesty or their propensity for addiction; in such case, the clinic will not refund the initial office visit fee of \$150.
- B. You must cancel your appointment at least 24 hours in advance in order to avoid a \$25 “no-show fee”.
- C. Except for true emergencies, patients will not be seen early. IF they are seen early, their prescription will be marked with a “do not fill until...” date so that the patient cannot get their medications early.
- D. You can pay the \$120 appointment fee before or after your appointment – in doing so, you can use post-dated checks as long as they are no more than one week post-dated.

7. WHEN A PAIN PATIENT GOES TO THE HOSPITAL, THE FOLLOWING THINGS ARE TRUE: (CIRCLE ALL THAT APPLY).

- A. Sometimes the hospital will refuse to admit them because of the pain medications they are on (ex: they don't have anyone willing to prescribe those medications to the patient).
- B. In many cases, the patient will be treated extremely poorly, even if their visit is unrelated to their pain.
- C. Sometimes the patient will be forced into withdrawal, as the hospital doctor will “decide” that the patient shouldn't be getting pain medication.
- D. Tampa Pain Clinic will not be able to help you with problems that arise during your stay at the hospital – we do not have admitting privileges, and so we can't prescribe your pain medication for you while you are in the hospital.

TRUE OR FALSE:

- 8. PAIN PATIENTS TYPICALLY EXPERIENCE A LOSS OF LIBIDO (THEY BECOME LESS INTERESTED IN SEX) T or F
- 9. OUR GOAL HERE IS TO MAKE ALL OF YOUR PAIN DISAPPEAR – WE WANT TO TOTALLY ELIMINATE IT. T or F
- 10. IF YOU LOSE YOUR MEDICATIONS, WE WILL NOT REPLACE THEM. T or F
- 11. PAIN PATIENTS TEND TO GAIN WEIGHT BECAUSE OF THEIR MEDICATION. T or F

Tobacco: never less than 1 pack 1-2 packs 2-3 packs quit < 1 year quit 1-5 years

Illicit drugs: never currently in remote past IV drugs/pills other

Alcohol: never rarely socially moderately heavy drinker

Have you: considered cutting down on your drinking / annoyed that others criticize your drinking
felt bad or guilty about your drinking / need a drink in morning for nerves or hangover

Exercise: never rarely 0-1 time week 2-5 times a week 6-7 times a week

Status: single / married / divorced / widow / separated / engaged / involved / civil union

Education: elementary / middle / high-school / some college / graduated college / grad school

Abuse History: no abuse physical abuse psychological abuse physical & psychological abuse

Children: none one two three four five

Sexual History: no response not sexually active heterosexual gay lesbian bisexual

Your Health: excellent / very good / good / fair / poor / weight-gain / weight-loss / weakness

Head: headaches / migraines / visually impaired / difficulty hearing / recurrent sinusitis

Lungs: asthma / COPD / bronchitis / cough / shortness of breath / sleep apnea

Heart: angina / congestive heart failure / heart murmur / heart attack / rheumatic fever
hyperlipidemia / hypertension / palpitations

Stomach: abdominal pain / constipation / diarrhea / vomiting / heartburn / nausea / ulcers

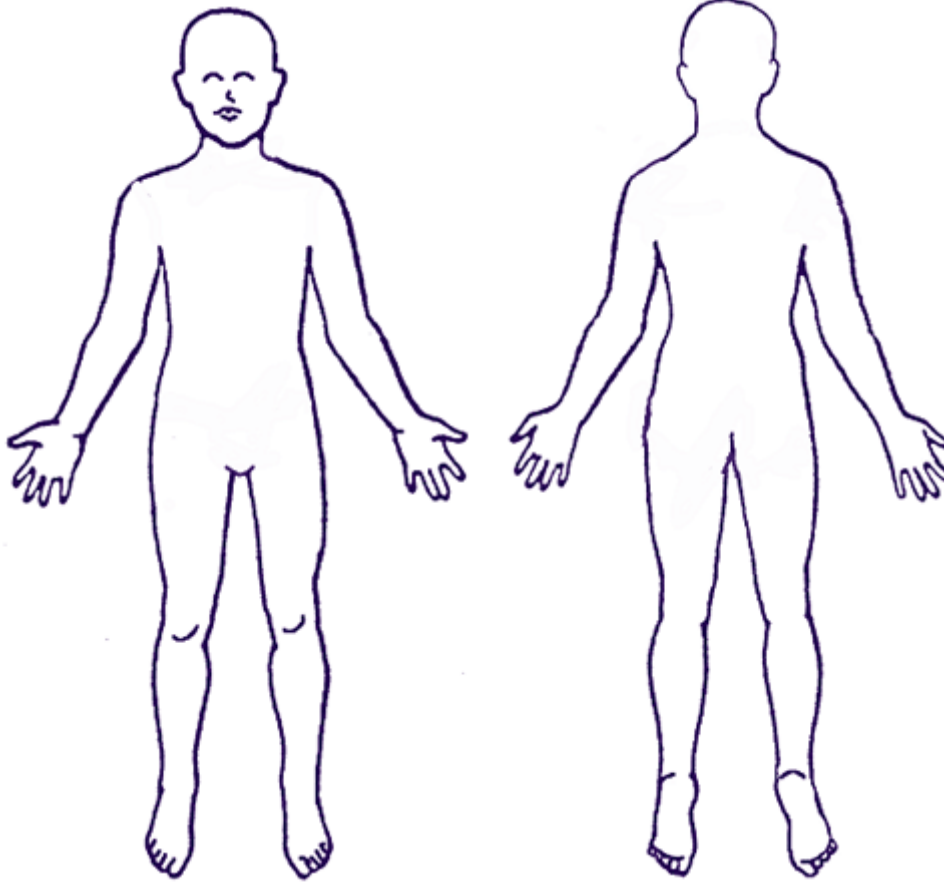
Urinary: bloody urine / frequent urination / burning or difficulty urinating / venereal disease

Skeletal: rheumatoid arthritis / osteoarthritis / neck pain / back pain / shoulder pain
elbow pain / wrist pain / hip pain / knee pain / ankle pain / toe pain / bursitis

Glands: thyroid problems / goiter / low blood sugar / diabetes (insulin) / diabetes (pills)

Neurology: fainting seizures tremor dizziness

Psychiatry: depression anxiety auditory hallucinations suicidal thoughts



FOLLOW DIRECTIONS CAREFULLY

- Circle any areas that you have pain (on front and back of diagram, as appropriate)
- If the pain radiates (moves/shoots) please use an arrow to show where you feel the pain (i.e.: arrow from lower back down back of thigh)
- Put an X on any areas that you feel electrical pain or experience tingling sensation
- Please grey-in (fill-in) any areas that you have numbness in.

EKG: Normal Abnormal QTC /

Reflexes: RUE: ____/5 LUE: ____/5
 RLE: ____/5 LLE: ____/5