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Dear Patient:

Thank you for choosing Pain Diagnostics and Interventional Care for help with your pain.

Pain can be a very complex problem. To diagnose and treat your pain, we need to know a lot about you. Please fill in the Initial Pain Assessment Form **BEFORE** your first visit with us. Our team cannot properly evaluate you until this form is completed and the requested medical records of your past treatment have been obtained. Please answer each question as accurately and completely as possible. We need to hear about your pain directly from you. Everything on this form is protected medical information, and it will not be shared unless we have your permission in writing.

Some of the questions may not seem like they would help us treat your pain. **BUT** each one is important. We will be glad to answer any questions you have about this form on your visit. You may also contact us by phone between the hours of 8 a.m. and 3:30 p.m.

Please contact your referring physician, if applicable, and have the following faxed to our office.

- Reason for the referral including office notes
- Results of any applicable testing such as MRI's, CT Scans, X-rays, or EMG studies.

Please note: If you have received prior treatment at any pain center, we must have copies of these records faxed to us **PRIOR** to us scheduling an appointment for you. This is very important to your care. It allows us to see what pain treatment options have worked or not worked for you in the past. We feel that we can best treat you by knowing as much as possible about your past care.

On the day of your first appointment, please bring the following with you, if applicable:

- X-ray films
- CT Scan films
- MRI films
- Insurance Card and any applicable co-payments
- Photo ID

Radiology studies can be film copies or copies on CD discs. Your pain treatment physician likes to personally review your studies to assist in decisions about your care.

PLEASE report to the Pain Diagnostics and Interventional Care office at least 30 minutes before your FIRST appointment to register. Prior to your visit, please contact your primary care physician to obtain a referral if your insurance requires one. If you have to cancel your appointment, please call our office to reschedule your time at least 24 hours in advance. Failure to cancel office appointments within 24 hours will result in a \$75 fee. Failure to cancel procedure visits within 24 hours will result in a \$125 fee. We need this lead time so that we can offer your reserved spot to another patient who is awaiting care.

We look forward to your visit to help provide you with pain treatment options. Prior to your visit we encourage you to look us up on our website at

Sincerely,

The Pain Diagnostic and Interventional Care Staff