

PAIN MANAGEMENT

Atrium Health is committed to working seamlessly as a team to help you manage your pain and get you back to living life to the fullest. Our specialists, from Southeast Pain Care, evaluate each patient and develop an individualized plan of care that may include interventional techniques, physical therapy, counseling and support groups as an alternative to surgery.

For more information, visit [AtriumHealth.org/PainManagement](https://www.AtriumHealth.org/PainManagement) or call **704-377-7246**.

We treat a broad range of pain symptoms associated with the following conditions:

- Back and neck pain
- Joint pain
- Headaches
- Fibromyalgia
- Work-related injuries
- Failed Back Surgery
- Sciatica
- Sports injuries
- Reflex sympathetic dystrophy
- Complex Regional Pain Syndrome
- Pain associated with cancer, diabetes, shingles and arthritis
- Neuropathic pain



Atrium Health

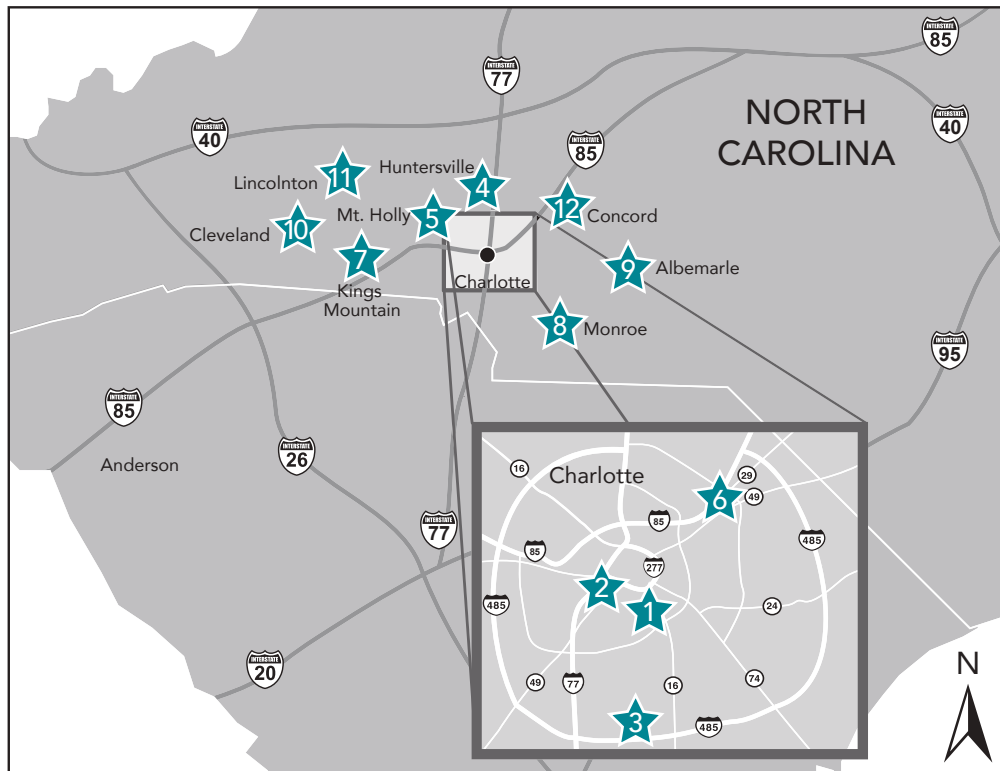
Atrium Health Pain Management services are offered at the following locations:

- | | |
|---|---|
| <p>1 Atrium Health Mercy
3030 Randolph Rd., Suite 100
Charlotte, NC 28211</p> <p>2 Atrium Health Carolinas Medical Center
Morehead Medical Plaza
1025 Morehead Medical Dr., Suite 225
Charlotte, NC 28204</p> <p>3 Atrium Health Pineville
14135 Ballantyne Corporate Place
2nd floor, Suite 250
Charlotte, NC 28277</p> <p>4 Atrium Health Huntersville,
a facility of Atrium Health University
16455 Statesville Rd., Suite 310
Huntersville, NC 28078</p> <p>5 Atrium Health Pain
Management – Mt. Holly
275 Beatty Drive
Belmont, NC 28012</p> | <p>6 Atrium Health University
101 E. WT Harris Blvd
Suite 4001
Charlotte, NC 28262</p> <p>7 Kings Mountain Hospital
706 West Kings St.
Kings Mountain, NC 28086</p> <p>8 Atrium Health Union
355 Venus Street
Suite A
Monroe, NC 28112</p> <p>9 Stanly Regional
Medical Center
929 N. 2nd St. Suite 101
Albemarle, NC 28001</p> <p>10 Atrium Health Pain
Management – Cleveland
201 E. Grover Street, 3rd Floor
Shelby, NC 28150</p> |
|---|---|
- 11** Atrium Health Lincoln
1585 Forney Creek Drive
Suite 100
Denver, NC 28037

Professional services provided by **Southeast Pain and Spine Care**

- 12** Atrium Health Northeast
Gateway Medical Office Building
1085 NorthEast Gateway Court NE
Suite 300
Concord, NC 28025

Professional services provided by **Northeast Anesthesia and Pain Specialists**





Atrium Health

Professional Services
Provided By
Southeast Pain Care

Dear: _____

Atrium Health Pain Management has been requested to consult in the management of your pain condition. We have scheduled an appointment on _____ at our _____ location. Your appointment time is _____.

If you arrive after your appointment time, you may be rescheduled.

During your first visit, any and all records from previous doctor visits will be reviewed, including x-rays, MRI's/CT scans, previous injections and surgeries, and medications. **If you have not provided us with a release of information to receive your records, we encourage you to contact your doctors, especially any pain specialist you have seen in the past, to arrange to have the records faxed to us prior to the appointment** so that a plan of care can begin quickly. Please expect this first visit to take approximately 2 hours.

Please note that our office does not fill out any FMLA or disability forms of any kind.

Please expect this first visit to take approximately 2 hours, so please arrive 15 minutes before appointment time to complete necessary paperwork.

After reviewing records, your doctor will perform an examination. Based on this information, your doctor will recommend treatment options, which **may** include injections, physical therapy, exercise, medical equipment, and/or medications. You may also need more tests or studies (such as x-rays) prior to starting treatment. Treatment options will be discussed with you and a plan of care will be developed. **Please note: it is entirely the decision of our doctor to continue, change or begin medications based on your exam and prior history.**

You may be required to give a urine drug sample. It can take up to 10 days for the doctor to get results from the lab. Before being given any medications, and should narcotics be allowed, you will be required to sign a narcotic agreement which involves strict rules to follow.

Please bring the following information with you:

- Completed Patient Questionnaire Form (enclosed or on-line)
- A complete list of ALL medications you are taking, including over-the-counter
- Insurance card(s) and/or payment/co-payment for "Outpatient Hospital Services"

You will receive **TWO** separate bills: One from American Anesthesiology of NC, for your doctor services; and the other from Atrium Health- _____, for the use of hospital facility services (which include the use of the building, the nursing and registration staff, equipment and supplies). Any money collected at your visit will only be applied to the facility charges.

Payment is expected at time of service.

Cancellation Policy:

If you need to cancel or reschedule your appointment, we ask that you call our office at least 24 hours prior to your appointment date. **If you do not contact us appropriately, you (not your insurance) may be charged an administrative fee of \$75.**

We look forward to having you as one of our **valued patients!** A map is enclosed to assist you in locating this office. Should you have any questions or concerns, please contact us anytime Monday-Friday between 8am-4:30pm. We also have a website at (www.atriumhealth.org/painmanagement) where you can find valuable information, directions, and forms.



Atrium Health

PATIENT QUESTIONNAIRE

Please complete the following front and back in pen.

Name: _____ Birthdate: _____ Height: _____ Weight: _____

Reason for Doctor Visit: _____

When did the pain start? _____

What were you doing when this pain started? _____

What do you think is causing your pain? _____

What tests or x-rays have you had? CT MRI X-Ray EMG Discogram Myelogram

Names of doctors who treated you: _____

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild	Uncomfortable		Distracting	Unmanageable		Intense		Severe	Unmanageable

Using the scale above where is your pain on a good day? _____ A bad day? _____ Weather Change? _____

What makes the pain worse? _____ What helps? _____

How often do you have pain? Sometimes All of the time With stress or Activity Weather Change

PATIENT HISTORY:

Do you have any of the following medical problems? (check all that apply)

- COPD/Emphysema/Chronic Bronchitis Asthma TB Airway Difficulties Chest Pain/Heart Attack
- Congestive Heart Failure Irregular Heart Beat High Blood Pressure Clotting Problem AIDS/HIV
- Hepatitis/Liver Problem Hiatal hernia Ulcers Kidney Disease Stroke Seizures Arthritis/Gout
- Headaches Diabetes Thyroid Cancer Glaucoma Sickle Cell Crohns Anesthetic Problems
- Anxiety/Depression Implanted Device/Metal/Screws/Plates in _____
- Pacemaker Defibrillator Spinal Cord Stimulator Medication Infusion Pump: Company _____

List all surgeries and the year if known: _____

ALLERGIES NONE <input type="checkbox"/>	
Medicine/Foods/Dyes	Reaction

SEE ATTACHED LIST

What medication have you tried in the past for your pain?

Drug Name	Helpful?	Drug Name	Helpful?

FAMILY MEDICAL HISTORY (check all that apply) None Known Diabetes Heart Problems
 Breathing Problems Blood/Clotting Problems Liver Problems Stomach Problems/Ulcers
 Kidney Problems Anesthetic Problems

SOCIAL HISTORY (check all that apply) Chewing Tobacco Yes No How much per day? _____
Smoker Yes No How many packs per day? _____ How many years? _____ If you quit, when? _____
Drink Alcohol? Yes No Beer Wine Liquor Amount per week? _____
Street, IV, or Recreational Drugs? Yes No Explain: _____

EMPLOYMENT INFORMATION

Are you working? Full Time Part Time Job Title: _____ Hours per week: _____
How many days have you been absent from work in the past year due to pain? _____
Not working since _____ (date) Reason: _____
Describe your usual job: Sedentary (Lift less than 10 pounds) Light (Lift up to 20 pounds) Medium (Lift up to 50 pounds)
 Heavy (Lift up to 100 pounds) Very Heavy (Often lifts over 100 pounds)

EDUCATION

Up to High School High School/GED Some College Trade School College Graduate
Do you have problems reading, writing, communicating? _____ Explain: _____

How do you learn best? (check all that apply) Written Instructions Verbal Instructions Pictures

LIFESTYLE Married Divorced Separated Widowed Single

Are you pregnant or planning a pregnancy? Yes No Not Applicable
Do you have a caregiver in your home? (Family member/Friend) Explain: _____
 Living Will or Medical Power of Attorney If so, can you provide a copy? Yes No
Is English your first language? Yes No If "No," what is your first language? _____
Do you have any cultural or religious practices that we need to consider in planning your care? Explain: _____

Completed by: _____ Date: _____ Time: _____

Reviewed by: _____ Date: _____ Time: _____

RISK STRATIFICATION: LOW HIGH

Reviewed by: _____ Date: _____ Time: _____



Atrium Health

ATTENTION ALL PATIENTS

1. We are an outpatient hospital facility and therefore...

YOU WILL RECEIVE TWO SEPARATE STATEMENTS

ATRIUM HEALTH will send a bill for outpatient hospital facility fees and services,

-and-

American Anesthesiology of North Carolina, PLLC, will send a bill for the physician services (or professional fees).

2. If you do not show for your appointment, or if you cancel or reschedule within 24 hours of your appointment, you may be charged an administrative fee of \$75.00

3. Effective immediately, patients receiving services that are not fully covered by an insurance plan will be required to make a minimum payment at the time of service, in order to proceed with their scheduled appointment.

- If unable to make minimum payment we will be available to reschedule your appointment for a future date.
- Minimum payment will be determined by services scheduled on a specific date.

Patient acknowledgement and signature

Date

Witness (SPEC/Atrium Health employee) signature



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It is our practice to send your doctor(s) a copy of office visits and progress notes, so they are kept up to date on your healthcare.

Please list all doctors involved in your care. Please include first and last names, office phone number, and city and state if possible. (This list should include ALL doctors that you see.)

Have you ever had Physical Therapy? *(please circle)* Yes No

If yes, when _____ and for how long (# of weeks/months) _____

What area of the body was treated? _____

Name of Clinic/Rehab Facility, Address, and Phone Number:

Patient Signature: _____ Date: _____

Please let us know if you have any questions and thank you for providing this information.



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Dear: _____

You have been referred to Atrium Health Pain Management for a _____ procedure. Your procedure has been scheduled on _____ at our _____ location. Check-in time for your procedure is _____. If you arrive after your check-in time, we may reschedule your appointment.

PLEASE BRING THE FOLLOWING WITH YOU:

1. Completed Patient Questionnaire (enclosed)
2. A list of all medications you are currently taking – or you can bring them with you.

PREPARING FOR YOUR PROCEDURE:

1. If you are currently taking blood thinners, please call us at least 5 days before your appointment for instructions.
If you are taking Plavix, please call 7 days before your appointment.
If you are taking Ticlid, please call 14 days before your appointment.
2. Do not eat any solid food for at least 6 hours before your appointment.
3. You may have clear liquids (soft drinks, apple juice, water, tea, and black coffee) up to 2 hours before your appointment time.
4. Bring someone to drive you home after your procedure.
5. Have someone available to help you at home after your procedure.

This visit will take approximately 1-2 hours. The healthcare team will review your medical records and go over any available test done by other doctors. The doctor will complete a brief examination and then discuss with you the specific procedure needed. Following the procedure, a nurse will explain to you and your family member(s) any discharge instructions from the doctor specific to your procedure.

CANCELLATION POLICY:

If you need to cancel or reschedule your appointment, please call the office at least 2 business days prior to your appointment date. If the office is not notified that the appointment is cancelled, you may be charged a \$75.00 fee. We look forward to meeting you. The address and telephone number, for your office, can be located on the attached map.

Sincerely,

Pain Management Team