

REGISTRATION FORM



Today's Date: ____/____/____ (please print)

First Name: _____ Middle: _____

Last Name: _____

DOB: ____/____/____ Sex: M F Social Security: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Please list two confidential numbers we can leave message with and contact you by:

Cell Phone No: (_____) _____ Other Phone No: (_____) _____

E- Mail: _____

Referring Physician: _____ Phone #: (_____) _____

Primary Care Physician: _____ Phone #: (_____) _____

Cardiologist: _____ Phone #: (_____) _____

Pharmacy: _____ Phone #: (_____) _____

Work Status: Retired Unemployed Student Full Time Part Time

Patient Occupation: _____

Patient Employer: _____ Employer Phone No. (_____) _____

Name of Primary Insurance: _____

Patient's Relationship to Subscriber: Self Spouse Child Other _____

Policy #: _____ Group #: _____

Subscriber's Name: _____

Subscriber's S.S. # _____ DOB: ____/____/____

Name of Secondary Insurance (if applicable): _____

Patient's Relationship to Subscriber: Self Spouse Child Other _____

Policy #: _____ Group #: _____

Subscriber's Name: _____

Subscriber's S.S. # _____ DOB: ____/____/____

Is this a Workers' Compensation Injury? Yes No If Yes – Please see the front desk

Name of Emergency Contact: : _____

Relationship to Patient: _____ Contact Phone No.:(_____) _____

Dallas Pain Consultants provides the opportunity for patients to communicate by email. By providing an electronic mail address to Dallas Pain Consultants, the patient acknowledges that medical information may be contained in these communications. Email should never be used for emergency problems. Dallas Pain Consultants cannot guarantee the security and confidentiality of e-mail communication and will not be liable for improper disclosure of confidential information that is not caused by Dallas Pain Consultants intentional misconduct. Initial _____

By signing below, you confirm that the information you have provided is correct and true to the best of your knowledge. It is your responsibility to inform Dallas Pain Consultants of any changes to any information above.

Patient's or Authorized Representatives Signature

Today's Date

Name: _____ DOB: _____



Nurse Practitioner & Physician Assistant Consent

Here at, Dallas Pain Consultants, we strive to offer you high quality medical care and give strong consideration to your wait time. We employ Advanced Practice Registered Nurses, also known as Nurse Practitioners and/or Physician Assistants to assist us in carrying out your plan of care. Nurse Practitioners and Physician Assistants have received advanced education and training in the provision of health care. They are graduates of a certified training program and licensed by the Texas State Medical Board. They can diagnose, treat and monitor routine and complex pain disorders as well as provide health maintenance care. If you are seen by one of these providers, your doctor will review your care with them as part of your treatment plan. "Supervision" does not require the constant physical presence of the supervising physician, but rather, observing the activities of accepting responsibility for the medical services provided.

I have read the above and understand that in this practice a team approach is used with my unique needs presented and reviewed by one or more physicians in the development of my plan of care. I also understand that from time to time I may be seen by any or all of the providers in this practice, including the physicians, Nurse Practitioners and Physician Assistant.

I hereby consent to the services of a Nurse Practitioner or Physician Assistant for my healthcare needs. I understand that I can refuse to see the Nurse Practitioner or Physician Assistant and request to see a physician. I understand that this may require my appointment to be rescheduled.

X _____
Patient's or Authorized Representative's Signature Today's Date

Disclosure of Physician Interest & Ownership

To better serve you, our physicians, Trevor Kraus MD and Darren Schuhmacher MD have ownership or financial interests in various other health care providers and/or facilities. Today's medical business climate is very complicated, and physicians have little negotiation power with insurance companies. Our physicians are committed to providing high quality health care services to our patients and may refer you to one of these providers and/or facilities to receive health care items or services that he has determined you need. Their ownership interest in these often provides them a voice in administrative, clinical and operational policies. This involvement helps ensure the highest level of patient care and customer service. During a physician/patient relationship you may be referred to a provider/facility or service. I am providing this information to help you make an informed decision about your health care. However you have the right to choose your health care provider and you have the option to use a health care provider/facility/service other than the provider/facility/service to which you might be referred you. You will not be treated any differently if you choose to obtain health care from a provider/facility/service other than the provider/facility/service in which DPC Providers have an ownership or financial interest. If you require assistance we will be happy to provide information about alternative providers/facilities/services. A list of these facilities/providers is available upon request.

If you have questions, please do not hesitate to ask. We welcome you as a patient & we value our relationship with you. By signing below you acknowledge that you have read and understood this Disclosure, and that you are aware of the Physician ownership or financial interest.

X _____
Patient's or Authorized Representative's Signature Today's Date

Name: _____ DOB: _____

Pain Management Agreement

The purpose of this agreement is to give you information about the medications you will be taking for pain management and to ensure that you and your physician comply with all state and federal regulations concerning the prescribing of controlled substances. Controlled substances can be considered for moderate-to-severe pain with the intent of reducing pain and increasing function. The goal is for you to have the best quality of life possible given the reality of your clinical condition. The success of treatment depends on mutual trust and honesty in the provider/patient relationship as well as full understanding of the risks and benefits of using controlled substances to help manage your pain. The following are policies our office follows in managing the administration of these medications.

- Pain medication prescriptions are obtained only from our office. If prescription for pain medication are obtained from other physicians, this may result in termination of the physician-patient relationship. The following exception applies:
 - If you have a dental procedure or are seen in the emergency room, that physician may prescribe pain medicine as they deem necessary.
 - If you have surgery, the surgeon will be responsible for prescribing your pain medications until your discharge from their care.
- You should only fill prescriptions for pain medications at one pharmacy, should the need arise to change pharmacies, notify our office.
- Inform your physician of all medications you're taking, including herbal remedies, over the counter medications and other prescribed medication since controlled substances can interact with these.
- You will be seen on a regular basis and given prescriptions for enough medication to last from appointment to appointment.
- Prescribed medications must be taken strictly as ordered. Failure to do so may result in termination of physician-patient relationship and/or termination of prescription privileges. If your pain worsens or if there's a change in your symptoms, do not take more medication than is prescribed. Please make an appointment to be seen in the office.
- Refills of controlled substances will be given to the patient during regular office visit scheduled appointment. Refills will not be made at night, on weekends, or during holidays. Please come to each office visit with the actual prescription bottles of the medications you are currently taking so that the review of current medications can be done at such visit.
- You're responsible for keeping your pain medication in a safe and secure place. Stolen medication should be reported to the police and your physician immediately.
- Lost, misplaced, stolen medication or their prescriptions will not be refilled early. You are responsible for taking medications as prescribed and for keeping track of the amount of medications remaining.
- It is against the law to give or sell your medications to any other person.
- If you have a history of alcohol or drug misuse/addiction, you must notify the physician of such history since a treatment with controlled substances for pain increase the possibility of relapse. A history of addiction does not, in most instances, disqualify one for treatment of pain with controlled substances, but starting or continuing a recovery program is required.
- You agree to allow your physician to contact any healthcare professional, family member, pharmacy, legal authority, or regulatory agency to obtain or provide information about your care or actions if the physician deems it necessary.
- **You agree and understand that your physician reserves the right to perform periodic unannounced urine drug screening.** If requested to provide a urine sample, you agree to cooperate. If you decide not to provide a urine sample, you understand that your doctor may change your treatment plan, including the discontinuation of your controlled substances or complete termination of the doctor-patient relationship.
- Dallas Pain Consultants will screen patients through urine testing to confirm & monitor medications. With this and your other diagnostic information, we can prevent harmful drug-to-drug interactions and identify ways to refine your treatment plan, if necessary.
- Patients may be screened at their initial visit and subject to periodic testing while under our care.
- Our request for a urine sample does not mean that we suspect anything or that you may be doing anything wrong.

