

Dear Patient,

Welcome to our practice. **Please arrive 15 minutes early to complete necessary practice paperwork.**

You will receive a reminder call prior to your appointment. If you have any questions or concerns, please call us between 8:30AM-5:00PM at (800) 281-3237 and select option 3.

In order for us to address your needs at the time of your appointment we ask that you please;

1. Bring your License/ID and Insurance card to each appointment. *A digital picture will also be taken at this initial appointment* for your electronic medical chart.
2. Plan to update or verify your personal information at each appointment.
3. Complete the enclosed Patient Information Forms and bring them to your appointment. This information will be used by the provider during your evaluation. Failure to have the forms completed prior to your arrival may result in your appointment being delayed or rescheduled.
4. Please arrange for a driver to arrive with you for your appointment. Some procedures may require the use of light sedation. Please be aware that you must have a driver present in the waiting room in order to receive sedation.
5. Anticipate being at our office for your initial appointment for approximately two (2) hours.
6. Please remember that your appointment time is set aside specifically for you. If you are unable to keep an appointment, you are required to provide us with a 24-hour notice. Failure to do so will result in a \$50 reinstatement fee being applied to your account. This fee is not covered by your insurance. You will be responsible for paying this fee before you are able to schedule another appointment.

FINANCIAL POLICY

Our office participates with a variety of insurance plans including but not limited to:

Medicare	Priority Health	Blue Cross Blue Shield	HAP	Aetna	Cofinity	United Healthcare
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If you have questions regarding your insurance, we will try to help. However, questions relating to specific coverage issues must be directed to your insurance company's member services department. Their telephone number should be listed on the back of your insurance card.

Referrals: Many insurance plans require a referral from your primary care physician to be seen by a specialist. We will contact your insurance carrier to arrange for a referral but ask that you follow up with them too. If a referral is required but not secured, your visit may be rescheduled or you may be financially responsible.

All applicable co-payments, deductibles, co-insurance and personal balances, both current and prior, are due at the time of service unless other payment arrangements have been made. In some cases, you may be asked to pay the balance of your account or make payment arrangements prior to making your next appointment.

For your convenience, we accept cash, checks, VISA, MasterCard, Discover, American Express and money orders. You may also pay your bill online through our website (shown below). *Please note that there is a \$25.00 service charge for all returned checks.*

We understand that there may be times and circumstances that come up where you are unable to pay your entire bill. In these situations it is very important that you contact our Billing Office (800-281-3237) so a financial representative can assist you in setting up a reasonable payment plan and to keep your account from being sent to a collection agency.

If you fail to meet the financial obligations agreed upon in this financial policy or have other payment arrangements made, your outstanding balance will be sent to a collection agency. You will be required to pay your entire balance and any collection agency fees, up to 25% of your account balance, before being scheduled for any further appointments.

If you have billing related questions, please contact our billing office at (800) 281-3237 and select option 2.

www.michiganpain.com

Dear Patient,

Welcome to Michigan Pain Consultants. The purpose of this letter is to let you know what to expect from me and our team and to answer some questions that we respond to on a regular basis.

Our practice is not built on a single course of treatment, but on the best use of multiple team members and options. Your treatment with us may involve medications, injections, behavioral health and/or physical therapy. Our goal is to do what works for you; our recommendations are based on a thorough assessment of your current health and your goals for improvement.

Medications may be used to help manage pain, often times they can be a very effective part of a pain management plan. However, we are always looking to find the root cause of the problem so that we aren't masking the symptoms. Pain can be a major hurdle to many daily activities so behavioral therapy including biofeedback and counseling may be a vital component of care. In addition, physical therapy can provide just the right touch to compliment your overall treatment goals.

We use injections for two main reasons. One, is to help diagnose the source of the pain, the second is that it can be therapeutic in reducing pain. Back pain provides an example. Some sources of back pain may be very obvious such as a large disc herniation. In other cases the exact source of back pain may be less certain. I put medications at different spots in the back to help diagnose & treat the source. Not every patient is a good candidate for injections, frequently they can be used to help a person feel better. Injections can initially be used to break the cycle of constant debilitating pain. As a continued treatment, longer lasting injections can be used to encourage activity and reduce the need for medications. Injections coupled with behavioral & physical therapy and/or medication can be a winning combination for helping you to get back to daily activities and to have reduced pain.

Again I welcome you to my practice and I hope this letter answers a few of your questions. I realize that you may have additional questions and I welcome the opportunity to address them when we meet at your first appointment. I appreciate the confidence you have by trusting your care to me and my entire team. We are all eager to meet you and to help you manage your pain.

Sincerely,

Michigan Pain Consultants

Patient Intake Information

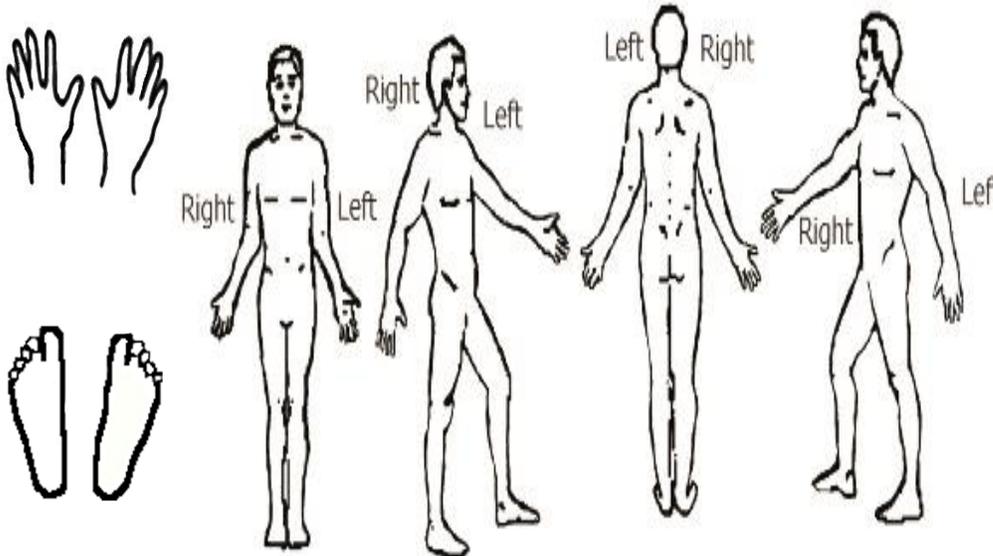
Patient Data

A. Name: _____ DOB: _____

Family Physician: _____

Spouse Name: _____

B. Mark your pain on the diagrams.



Nurse Use Only	
BP _____	P _____
R _____	SPO2 _____
Temp _____	
Ht: _____	
Wt: _____	

Pain Rating

Scale used 0-10 (10=worst pain)

Worst Pain: _____

Best Pain: _____

Description of Pain and Influencing Factors

How long have you had this problem?

Please describe how your pain first began (e.g. accident, illness, etc.):

Please circle any of the following symptoms that you are experiencing.

Is your problem: constant, intermittent, frequent, occasional, infrequent

Is the pain: dull, aching, throbbing, cramping, sharp, burning, shooting, stabbing, tingling

Is your problem: mild, moderate, severe, excruciating

What makes your pain worse?

Heat	Sitting	Bending	Climbing Stairs	Weather
Cold	Standing	Twisting	Touch	Lifting
Physical Activity	Walking	Lying Down	Running	Moving Affected Limb
				Sexual Activity

What are you doing to reduce your pain?

Rest	Heat	Massage	Using a walker or shopping cart
Sitting Down	Cold	Stretching	Walking
Lying Down	Changing Positions	Medications	Exercise/PT

Do you have:

Numbness or tingling?	<input type="radio"/> Yes <input type="radio"/> No	Muscle weakness?	<input type="radio"/> Yes <input type="radio"/> No
Swelling in the affected area?	<input type="radio"/> Yes <input type="radio"/> No	Muscle spasms or cramps?	<input type="radio"/> Yes <input type="radio"/> No

Does your pain affect your:

- | | | | | | |
|-------------------|--|-----------------------------|--|------------------|--|
| Sleep | <input type="radio"/> Yes <input type="radio"/> No | Appetite | <input type="radio"/> Yes <input type="radio"/> No | Eating | <input type="radio"/> Yes <input type="radio"/> No |
| Physical activity | <input type="radio"/> Yes <input type="radio"/> No | Emotions | <input type="radio"/> Yes <input type="radio"/> No | Bathing | <input type="radio"/> Yes <input type="radio"/> No |
| Relationships | <input type="radio"/> Yes <input type="radio"/> No | Concentration | <input type="radio"/> Yes <input type="radio"/> No | Using the toilet | <input type="radio"/> Yes <input type="radio"/> No |
| Dressing | <input type="radio"/> Yes <input type="radio"/> No | Getting out of bed or chair | <input type="radio"/> Yes <input type="radio"/> No | | |
| Other, _____ | | | | | |

Previous Treatments:

Treatment	Yes/No	How Helpful Was This?
Nerve Blocks		
Surgery		
TENS Unit		
Physical Therapy/OT		
Chiropractic		
Biofeedback/Hypnosis		
Psychological Therapy		
Other Pain Physician		

Patient's Goals for Treatment:

What pain medications have you previously used? _____

Review of Symptoms: Please check any that you currently have or had in the past.

Constitutional

- _____ Recent fevers/sweats
 _____ Unexplained weight loss/gain
 _____ Unexplained fatigue/weakness

Respiratory

- _____ Cough/wheeze
 _____ Coughing up blood
 _____ Asthma

Skin

- _____ Rash
 _____ Sores

Eyes

- _____ Change in vision

Gastrointestinal

- _____ Blood or change in bowel movement
 _____ Nausea/vomiting/diarrhea

Neurological

- _____ Headaches
 _____ Numbness
 _____ Tremors
 _____ Poor balance

Ears/Nose/Throat/Mouth

- _____ Difficulty hearing/ringing in ears
 _____ Hay fever/allergies/congestion
 _____ Trouble swallowing

Genitourinary

- _____ Painful/bloody urination
 _____ Leaking urine
 _____ Nighttime urination
 _____ Discharge: penis or vagina
 _____ Unusual vaginal bleeding
 _____ Concern with sexual functions

Psychiatric

- _____ Anxiety/stress
 _____ Sleep problem
 _____ Depression

Musculoskeletal

- _____ Muscle/joint pain
 _____ Recent back pain
 _____ Weakness

Endo

- _____ Cold/heat intolerance
 _____ Increase thirst/appetite

Blood/Lymphatic

- _____ Unexplained lumps
 _____ Easy bruising/bleeding

Cardiovascular

- _____ Chest pains/discomfort
 _____ Palpitations/irregular heartbeat
 _____ Short of breath

Medical History

Have you ever, or do you now have, any of the following conditions?

- Heart Attack/Heart Disease
- Irregular Heart Rate
- Chest Pain
- High Blood Pressure
- Stomach/Intestinal Problems
- Arthritis
- Substance Abuse/Addiction
- Bleeding/Bruise Easily
- Emphysema
- Asthma
- Thyroid Problems
- Diabetes Type 1 Type 2
- Depression/Psych
- Other, _____
- Cancer
- Stroke
- Kidney Problems
- Epilepsy/Seizures
- Cigarette Use
- Alcohol Use (per week)

List any Surgeries you have had:

Type of Surgery	Date	Type of Surgery	Date

Recent Hospitalizations:

(If you have been hospitalized in the past year, when was it and for what reason.) _____

Family History:

(Please list any illnesses that are present in your family or the cause of their death.) _____

List all Medication you are currently using and how often you use them. Please indicate below:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Allergies: _____

List any TESTS you have had:

Tests	Date & Place Done	Results	Tests	Date & Place Done	Results
X-rays			X-rays		
MRI			MRI		

Social History:

Tobacco Use

Cigarettes: Never Quit: date _____ Current smoker: packs/day _____ # of years _____

Other Tobacco: Pipe Cigar Snuff Chew

Are you interested in quitting? No Yes

Alcohol Use

Do you drink alcohol? No Yes, # of drinks/week _____

Is your alcohol use a concern for you or others? No Yes

Drug Use

Do you use any recreational drugs? No Yes

Have you ever used needles to inject drugs? No Yes

Other Concerns:

Caffeine Intake: None Coffee/tea/soda _____ cups/day

Weight: Are you satisfied with your weight? No Yes

Diet: How do you rate your diet? Good Fair Poor

Do you eat or drink four servings of dairy or soy daily or take calcium supplements? No Yes

Exercise: Do you exercise regularly? No Yes

What kind of exercise? _____

How long (minutes)? _____

How often? _____

If you do not exercise, why? _____

Marital Status/Support

Single Married Widowed Separated Divorced

Is there any person or organization that you rely on to help you cope with your pain?

Occupational History:

Working full-time Working part-time On medical leave Disabled Unemployed

What is your current occupation?

Where do you work and how long have you been there?

What duties do you perform?

When did you last work?

Litigation

Is Workers' Comp, disability, legal suit or an insurance settlement pending? No Yes, if yes,

describe the current status of the litigation or settlement:

DEMOGRAPHICS

Spoken Language:

- English Spanish Vietnamese Non-English Other _____
 Declined

Ethnicity:

Are you Hispanic/Latino?

- Yes
 No
 Declined

Race:

- American Indian / Alaskan Native
 Asian
 Black/African American
 White
 Native Hawaiian / Other Pacific Islander
 Multiracial
 Other _____
 Declined

Gender Identity Values

- Identifies as Male
- Identifies as Female
- Female-to-Male (FTM/Transgender Male/Trans Man)
- Male-to-Female (MTF/Transgender Female/Trans Woman)
- Genderqueer, neither exclusively male nor female
- Choose not to disclose

Sexual Orientation Values

- Lesbian, gay, or homosexual
- Straight or heterosexual
- Bisexual
- Don't know
- Choose not to disclose

Patient Signature: _____ Date: _____

Nurse's Signature: _____ Date: _____

Michigan's Opioid Legislation Changes

What does this mean to MPC's Patients?

In 2017, the Michigan state legislature passed several new laws aimed at curbing the opioid epidemic. Some of these laws only affect our internal workflows, but others may be noticed by our patients.

Outlined below are some of the areas that you may notice new workflows in your interactions with our staff and providers:

3/27/18 Effective Date:

- At every visit and every refill (including phone refills), our staff will be required to ask our patients what other controlled substances they are on, and this must be recorded in the chart. This will be cross-referenced with the MAPS Report (see below). We recognize that many of our patients may not know what is considered a "controlled substance". Therefore, we have attached a list of the most common controlled substance medications. **Please review this closely and ensure that you have listed all controlled substances, along with all medications on your new patient form, or follow up visit form.**

6/1/18 Effective Date:

- MAPS (Michigan Automated Prescription Monitoring System) Report - Must be run at every visit and every refill. The new law requires the prescribing provider to review these reports prior to prescribing any opioid medications. Examples of what the providers will be reviewing these reports for include: multiple opioid prescribers, inconsistencies between patient's medical record, patient's verbal report and MAPS reports.
- By law, MAPS reports may not be released to the patient or other healthcare providers, or with a medical records request by any entity.
- Informed Consent, i.e. "Start Talking Form" – The state has provided a "Start Talking" form that must be filled out at the start of every new opioid prescription, and signed by the patient. The purpose of this form is to educate patients of risks associated with opioid use. You can expect to sign a new "start talking" form at every MPC visit where medications are reviewed and prescribed and/or any time a new opioid medication may be started for you.

Additionally, many insurance companies and even pharmacy chains are putting new policies into place that limit the types and amounts of opioids that can be prescribed and are also requiring evidence that a patient has attempted weaning from opioids and have tried other non-opioid methods of pain control. MPC remains committed, as we have always been, to decreasing patients' reliance on opioids for pain control, utilizing a comprehensive and multi-disciplinary approach to chronic pain management.

Examples of Controlled Substance Medication based on reason for use:

Pain Medications:

- Hydrocodone products (Vicoden/Norco/Lorcet/Lortab) 15044 220th Ave
- Methadone Big Rapids, MI 49307
- Morphine (MS Cotin, Avinza, Kadian, Roxanol) (231) 796-1500
- Oxmorpnone (Opana)
- Oxcodone products (OxyCotin, Tylox, Percocet, Roxicodone)
- Fentanyl (Duragesic) 2060 East Paris Ave SE
- Hydromorphone (Dilaudid) Suite 200
- Buprenorphine product (Burtrans, Suboxone, Subutex) Grand Rapids, MI
- Acetaminophen with codeine (Tylenol #3) 49546
- Carisoprodol (Soma) (616) 285-1377
- Tramadol (Ultram)

ADHD Medications:

- Amphetamine/dextroamphetamine (Adderall) 6896 S Greenville Rd
 - Methylphenidate (Ritalin, Concerta, Quillivant, Metadate, Daytrana) Suite 100
- Greenville, MI 48838
(616) 754-5036

Anxiety Medications:

- Alprazolam (Xanax)
 - Clonazepam (Klonopin)
 - Diazepam (Valium) 844 S Washington Ave
 - Lorazepam (Ativan) Suite 100
 - Oxazepam (Serax) Holland, MI 49423
- (616) 546-2550

Sleep aids:

- Zolpidem (Ambien)
 - Eszopiclone (Lunesta) 1675 E Mt Garfield Rd
 - Zaleplon (Sonata) Suite 135
 - Temazepam (Restoril) Muskegon, MI 49444
- (231) 799-8880

Other:

- Lomotil
 - Testosterone 2147 Health Dr
 - Perampanel (Fycompa) Suite 100
 - Pregabalin (Lyrica) Wyoming, MI 49519
 - Lacosamide (Vimpat) (616) 281-1600
 - Codeine cough syrups
 - Phenobarbital
 - Phentermine (Adipex-p) **Diagnosics,**
 - Modafinil (Provigil) **Medical Records**
 - Armodafinil (Nuvigil) **Fax to**
- (616) 242-2517

May 29, 2018

To our patients:

Working with our patients to ease their pain and promote quality of life is one of our primary goals.

We are certain that you too are aware of the media coverage regarding deaths from the misuse of prescription narcotic pain medications. In many parts of our country, it is more common than deaths from illegal drug use. Doctors are under pressure to do everything possible to help reverse this trend. We don't feel that banning the use of narcotic/opioid medications to treat chronic pain is the answer. Contrary to what a growing number of physicians outside of pain management say, long term use of prescription pain killers can indeed make life better for patients. Those of us who treat chronic pain know this. But, we don't make the laws.

Michigan Pain Consultants is the largest pain specialty practice in the state. We have one of North America's largest data bases on how patients with chronic pain do with various treatments. We have a great opportunity to present facts, and not myths and opinions, to law makers and insurance companies. We are actively engaged in doing so, and advocating for you. In 2017, the Michigan legislature passed new laws that were written with the best intentions in mind. However, they were not written with the chronic pain patient, in mind. We encourage you to reach out to your legislators and insurance companies, and voice any concerns that you may have related to your treatment for chronic pain. For your convenience, we have provided a link that will allow you to "Find your Senator" by Address or Zip Code:

<http://www.senate.michigan.gov/fysbyaddress.html>. You can find your House Representative here: <http://house.michigan.gov/MHRPublic/frmFindaRep.aspx>

We need your help to demonstrate that the narcotic/opioid agreement that you sign is, by itself, adequate and effective. As a patient/physician team, we need to prove that pain medications are used safely, and that they help much more than they harm.

We can only do this if we all agree to absolutely and precisely follow the opioid/narcotic agreement, word for word. With this in mind, we've asked our staff to absolutely and precisely follow it too, word for word. What the opioid agreement says we will do is what we must do, without exception. Pain specialists who do otherwise risk losing their practices, their licensures, and their insurance. In other words, they lose the ability to treat their patients.

Please keep all of this in mind when you interact with our staff. This is not something they can control. They have your best long-term interest at heart, as do we.

Additionally, in the spirit of doing our part to educate our patients about these laws, as well as the risks associated with opioid use, we have included the following materials in this packet:

- Brief description of relevant new laws and how our patients may be impacted.
- List of Common Controlled Substances – Please review this when completing your new patient forms.

We appreciate the trust that you have placed in us, and take that trust very seriously.

Sincerely,

The Physicians of Michigan Pain Consultants, PC

**OPIOID START TALKING
(MUST BE INCLUDED IN THE PATIENT'S MEDICAL RECORD)**

Michigan Department of Health and Human Services

Patient Name		Date of Birth
Name of Controlled Substance containing an Opioid		
Dosage	Quantity Prescribed (For a minor, if signature is not the parent or guardian, the prescriber must limit the opioid to a single, 72 hour supply)	
Number of refills		
<p>A controlled substance is a drug or other substance that the United States Drug Enforcement Administration has identified as having a potential for abuse. My provider shared the following:</p> <ul style="list-style-type: none"> a. The risks of substance use disorder and overdose associated with the controlled substance containing an opioid. b. Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance. (Required only for minors.) c. Mixing opioids with benzodiazepines, alcohol, muscle relaxers, or any other drug that may depress the central nervous system can cause serious health risks, including death or disability. (Required only for minors.) d. For a female who is pregnant or is of reproductive age, the heightened risk of short and long-term effects of opioids, including but not limited to neonatal abstinence syndrome. e. Any other information necessary for patients to use the drug safely and effectively as found in the patient counseling information section of the labeling for the controlled substance. f. Safe disposal of opioids has shown to reduce injury and death in family members. Proper disposal of expired, unused or unwanted controlled substances may be done through community take-back programs, local pharmacies, or local law enforcement agencies. Information on where to return your prescription drugs can be found at http://www.michigan.gov/deqdrugdisposal. g. It is a felony to illegally deliver, distribute or share a controlled substance without a prescription properly issued by a licensed health care prescriber. 		
<p>I acknowledge the potential benefits and risks of an opioid medication as described by my provider along with the responsibility of properly managing my medication as stated above.</p>		
Signature of Prescriber (when prescribing to a minor)		Date
Signature of Patient, if a minor, patient's parent/guardian		Date
Signature of Patient's Representative or other authorized adult		Date
Printed Name of Parent/Guardian; Patient's Representative or other authorized adult		

<p>The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.</p>	<p>AUTHORITY: PCA 246 of 2017, MCL 333.7303b and MCL 333.7303c COMPLETION: Required. PENALTY: Probation, limitation, denial, fine, suspension, revocation or permanent revocation.</p>
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