

Tallahassee Memorial Chronic Pain Management
New Patient History Form

Patient Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Reason for today's visit? _____

Please check any of the following health problems you have had or have now:

- | | | |
|--|---|--|
| <input type="checkbox"/> Anxiety/Panic Disorder | <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Joint problems | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Liver Disorder | <input type="checkbox"/> Sleep problems |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Memory Loss | <input type="checkbox"/> Trouble Walking |
| <input type="checkbox"/> Diarrhea or Constipation | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Osteo/Rheumatoid Arthritis | <input type="checkbox"/> Vision changes |
| <input type="checkbox"/> Fainting spells/blackouts | <input type="checkbox"/> Painful sex/intercourse | <input type="checkbox"/> Other: _____ |

List Operations or Procedures and when?

Year	Surgery	Year	Surgery

Family History: Please check the following health problems that have affected your family and identify their relationship to you, ie: (M)mother, (F)father, (G)grandparent, (S)sibling, (C)child.

- | | | | |
|-----------------------|------------------|-----------------------|----------------------------|
| _____ Alcoholism | _____ Cirrhosis | _____ Drug Abuse | _____ Suicide |
| _____ Anxiety Attacks | _____ Depression | _____ Mental Illness | _____ Other |
| _____ Chronic Pain | _____ Disability | _____ Memory Disorder | _____ Psychiatric Disorder |

Do you smoke? No Yes; if yes, packs /day: _____ Year Quit: _____

Do you drink alcohol? No Yes; if Yes, drinks per day _____ Per week: _____

Do you use recreational drugs? No Yes; if yes, describe: _____

Have you lost interest in doing things that use to give you pleasure?
 Not at all, several days, more than half the days, nearly every day.

Have you been feeling down, depressed or hopeless in the past 2 weeks?
 Not at all, several days, more than half the days, nearly every day.

Have you experienced 10 lbs weight loss or weight gain in the past 3 months? No Yes

Do you have problems with mobility (use a wheelchair, cane or walker)? No Yes; if yes, please describe the problem and/or the device used. _____

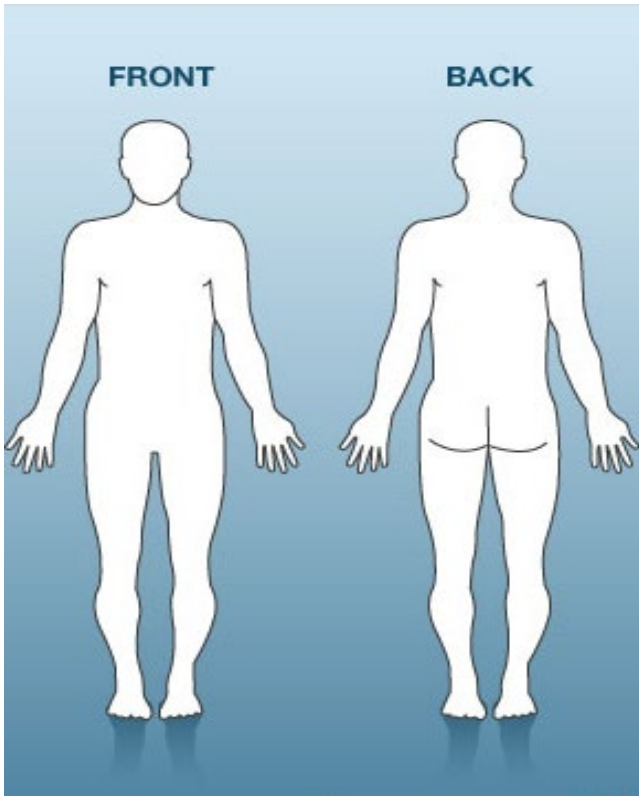
Have you had a fall in the past year? No Yes

Do you feel unsteady? No Yes

Are you in a relationship where you are being threatened or hurt? No Yes

**TMH PHYSICIAN PARTNERS - CHRONIC PAIN MANAGEMENT
PAIN QUESTIONNAIRE**

Patient Name: _____ Date of Birth : ____/____/____



1. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.
2. Check the word(s) that describe your pain?
 Aching Shooting Burning
 Sharp Throbbing Tender
 Stabbing Gnawing Nagging
 Penetrating Miserable Unbearable
3. How often do you experience this pain?
 constantly daily several times a week
 occasionally rarely
4. On a scale of 0 to 10 with 0 being no pain and 10 being the worst pain you can imagine, how much do you rate you pain right now? _____

5. At its worst, what would you rate it? _____ 6. At its best, what would you rate it? _____

7. What makes your pain better? _____

8. What makes your pain worse? _____

9. Does pain interfere with activities of daily living? _____ No _____ Yes; if yes, please check as appropriate: your work sleeping ability to concentration mood walking
 relationships with family social relationships other _____

10. Is your current pain medication causing any side effects? _____ No _____ Yes; if yes please check the side effect it is causing: Nausea Vomiting Constipation Itching Fatigue
 Mental cloudiness Sweating Drowsiness Other _____

11. Have you tried alternative measures to ease your pain? _____ No _____ Yes; if yes, please check the appropriate item: massage heat cold pack acupuncture Acupressure
 aromatherapy Chiropractic Hypnosis Relaxation therapy other _____

Patient Name:

DOB:

experiencing significant adverse reactions from Medications or Procedures outside of TMH-CPC business hours, Patient shall **IMMEDIATELY** contact the emergency department of Patient's local hospital.

7. Dependence, Tolerance, and Addiction. Medications may promote dependency in some people. Dependence and tolerance are normal physiological consequences of extended use of Medications and are not the same as addiction.

7.1 Psychological dependence and physical dependence may develop upon continued use of Medications. While psychological dependence is unlikely to occur during short-term use, some mild degree of physical dependence may develop after a few days use of Medications.

7.2 Tolerance is the condition in which increasingly large doses are required in order to produce the same degree of results, manifested initially by a shortened duration of effect, and subsequently by decreases in the intensity of the effect.

7.3 Addiction is a behavioral syndrome characterized by psychological dependence and aberrant, drugrelated behaviors. Relying upon Medications to relieve medical conditions is not addiction. The TMHCPC and Physician will not manage or treat Patient when Patient uses Medications for other than legitimate medical purposes.

8. Withdrawal Symptoms. Abrupt discontinuation of Medications may result in withdrawal symptoms. Withdrawal symptoms usually occur 24-48 hours after the last dose of Medications. Withdrawal symptoms may consist of, but are not necessarily limited to, yawning, sweating, watery eyes, runny nose, anxiety, tremors, aching muscles, hot or cold flashes, "goose flesh", abdominal cramps and diarrhea. Withdrawal symptoms may last a few days and may be life threatening to some individuals. Patient agrees not to discontinue Medications without first consulting Physician.

9. Patient's Responsibilities toward Medications. Patient understands violations of the provisions in this Section 9 may be violations of the specific laws and/or regulations of local, state, federal, or other governmental or regulatory bodies ("Laws") and may result in criminal prosecution of Patient. Patient further understands that if TMH-CPC has evidence of Patient's violation of the following provisions, TMH-CPC may have a duty to disclose the violation to the proper authorities. Violation of any of the provisions stated below will lead to termination of your patient care at TMH-CPC.

9.1 Strict accountability is necessary when use of controlled substances is prolonged. For this reason, Patient agrees to the following:.

9.1.1 All controlled substances must come from TMH-CPC, unless specific authorization is obtained from your TMH-CPC physician. (Multiple sources can lead to untoward drug interactions or poor coordination of treatment.)

9.1.2 All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, you must notify TMH-CPC during normal business hours. The pharmacy that you have selected is:

Phone:

Patient Name:	DOB:
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9.1.3 You are expected to inform TMH-CPC of any new medications or medical conditions, and of any adverse effects you experience from any of the medications that you take.

9.1.4 Your TMH-CPC physician(s) has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability. In addition, office notes, scheduled appointments, Medication and Procedure lists, and such other information regarding your treatment as deemed necessary by your TMH-CPC physician(s) will be shared with your primary care provider. Should your primary care provider change, you must notify our office during normal business hours. Your primary care physician is:

Phone:

9.1.5 You may not share, sell, or otherwise permit others to have access to these medications.

9.1.6 Controlled substances should not be stopped abruptly..

9.1.7 Guidelines have been established by the Florida Board of Medicine. These require unannounced urine or serum toxicology screens and your cooperation is required.

A urine drug screen must be done on the initial visit, **if illegal substances or non-listed controlled substances are found we cannot prescribe controlled substances during this visit.** We will send the specimen for a confirmation test. If positive, further assessment, counseling and possibly addiction treatment will be needed. If this occurs during follow-up visits, further assessment will be required. Typically, the standard of care requires addiction assessment and discontinuation of controlled substances. **If there is reason to suspect prescriptions are being sold or traded, we will no longer prescribe controlled substances. Furthermore, we are required to report our suspicions to law enforcement within 48 hours.**

9.1.8 Prescriptions and bottles of controlled substances may be sought by other individuals with chemical dependency and should be closely safeguarded. It is expected that you will take the highest possible degree of care with all of your Medications and prescriptions, including but not limited to your controlled substances and controlled substance prescriptions. They should not be left where others might see or otherwise have access to them.

9.1.9 Original containers of controlled substances should be brought in to each office visit.

9.1.10 Since Medications may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people.

9.1.11 Medications will not be replaced if they are lost, get wet, are destroyed, left on an airplane, or stolen. If your Medication has been stolen and you complete a police report regarding the theft, an exception may be made.

9.1.12 Early refills will not be given.

9.1.13 Prescriptions may be issued early if Physician or Patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date.

Patient Name:

DOB:

9.1.1 If the responsible legal authorities have questions concerning your treatment, all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration.

9.1.15 It is understood that failure to adhere to these policies will result in cessation of therapy with controlled substance prescribing by this physician and/or referral for further specialty assessment.

9.1.16 Renewals are contingent on keeping scheduled appointments and in general, most changes require a face-to-face assessment. When calling do not request Medication changes over the phone, rather, request an appointment.

9.1.17 It should be understood that any treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.

9.1.18 The risks and potential benefits of these therapies are explained elsewhere and you acknowledge that you have received such explanation.

9.1.19 You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all of its terms.

9.2 Patient will not ingest or otherwise consume non-Physician prescribed medications, over-the-counter medications, alcohol, illegal drugs or other substances without first receiving the consent of Physician, which shall be documented in the Patient's medical record. The combination of drugs and/or alcohol may cause severe sedation, respiratory depression and possibly death.

9.2 Patient acknowledges and agrees not to share, sell, or trade Medications for any reasons.

9.4 Patient agrees to safeguard properly Medications from loss or theft and understands the consequences of Patient's failure to do so may result in Patient going without Medication for a period of time until Patient's next regularly scheduled appointment.

9.4.1 Regularly scheduled appointments will be made no earlier than 21 days before the appointment. These regularly scheduled appointments are required for the proper management of Medications.

9.5 Patient acknowledges and agrees if TMH-CPC receives any evidence of the hoarding of Medications, acquisition of Medications from other sources, uncontrolled dose escalation, or other aberrant behavior, Patient care will be terminated.

10. Patient's Privileges, Rights of Privacy and Confidentiality. Patient agrees to waive any applicable privilege, right of privacy or confidentiality with respect to the investigation of any possible misuse, sale, or other diversion of Medications.

10.1 Patient acknowledges and agrees that some Laws may require TMH-CPC to report incidences of some communicable diseases to governmental agencies such as the Department of Health. TMH-CPC

We are pleased that you have chosen TMH Physician Partners - Chronic Pain Management. In order to provide the best possible services for the many patients we see, we would like you to understand our attendance and scheduling policy.

We will schedule your appointments and provide you with a copy of your appointment details. Please retain your schedule and view as needed. Because we are a very busy office and can't always answer the high volume of incoming calls to verify your scheduled appointment date and time. Chronic Pain Management uses an automated telephone reminder system to confirm appointments two days before your scheduled time.

Consistent attendance is vital for you to make progress toward your health care goals.

- **REGULAR ATTENDANCE:** At least 75% attendance of your follow -up appointments is required. If attendance falls below the required levels it will be the discretion of Dr. Russell when and if your medication will be refilled. We will make every effort to find a day and time to schedule your next appointment as the time becomes available.
- **CANCELLATIONS/TARDINESS:** We understand that due to illness or other unexpected events it may be necessary for you to cancel your appointment. Prior notice is expected, and at least 24 hours' notice is recommended. Please notify the front office as soon as possible if you need to cancel your appointment and provide a reason for the cancellation. You can leave a message if you reach voicemail, but please also leave a callback number. If you will be more than 15 minutes late please call to be sure if Dr. Pagano can still see you.
- **NO SHOWS:** Three No Show appointments may result in discontinuation of services. PLEASE CALL if you cannot come to your schedule appointment.
- **FRONT OFFICE CANCELLATIONS:** The front office staff will notify you as soon as possible if your appointment must be cancelled. Please check to ensure we have the correct home, cell, and office numbers. **It is your responsibility to update phone numbers and contact information with the front office staff.**

We invite all our patients to sign up for our **Patient Portal** by giving us your email address. You can view appointments, labs and ask questions on your patient portal. Your security code for the patient portal will be your last four digits of your social security number or your year of birth.

Email address _____

We look forward to working with you. Please feel free to contact us with any questions or concerns.

I have read and understand the above attendance and scheduling policy.

Patient Signature/Date

Dear Patient,

On March 19, 2018, in response to the growing opioid epidemic, Governor Rick Scott signed into law a bill (HB-21) regarding how controlled medications are to be written by a medical provider and how they are to be dispensed from the pharmacy. According to this new law, no narcotic medicines can be written for patients over the age of 16 for more than three (3) days without a review of the patient's medical record including a query into the State's Database of prescribed medicines. If there is not complete compliance with this law by the provider, penalties up to loss of license could be imposed. Because of these new requirements and the time that it takes to do them, our office will be changing the process of how refills of certain medicines, mainly narcotics, will be prescribed. These changes may affect you.

- 1) If greater than a three (3) day supply is needed, a one-time exemption up to seven (7) days can be written. However, if pain control is needed longer than seven days, controlled medicine prescriptions can be written only after completing a pain contract and physical exam with a provider who has an active DEA license.
- 2) As part of the process of assuring the State that the medicine is being used for and by the intended patient, frequent follow ups are required with:
 - a) Checking the State's Database (E-FORSCE) for all controlled substances dispensed to the patient in a specific amount of time. The default search is one (1) year.
 - b) Doing a Urine Drug Screen looking both for the presence of the drug prescribed and other drugs that were not prescribed by the provider. If the Urine Drug Screen shows something other than expected, termination of controlled medicine up to discharge from the practice may occur.
- 3) The only conditions that are excluded in this new law are: Cancer Pain, Terminal Conditions, Palliative Care (Hospice), and Traumatic injury with a very specific Injury Severity Score above a nine (9) which is hard to achieve.

This law will affect how we prescribe/practice medicine. This means several things to you:

- 1) You should plan ahead if you are on a chronic controlled medicine.
- 2) Keep your appointments for your visits for these issues. If you don't do your part, we can't do ours, and we will not get cited by the State for noncompliance with the law.
- 3) Do the right thing. Don't violate your pain contract by getting another prescription elsewhere. Pharmacists are required to report dispensing any medications and the Database will report it. Also, don't take anyone else's medication or illegal medicines. Urine Drug Screens are very sensitive at this point and you should take them seriously.

We understand that these changes can be frustrating. Our relationship with you is valuable but we also need to keep our licenses to be able to serve you and everyone else in the community. If you have questions, ask. We will be happy to explain to you in depth. Thank you for understanding.

Patient Name: _____

Patient DOB: _____

AN IMPORTANT MESSAGE
CY 2019 PHARMACY EDITS

What kind of changes can you expect?

Beginning January 1, to support state and federal regulations regarding opioid and other controlled substances, your insurance provider will employ several point-of-sale edits to assist in the opioid epidemic and the overutilization of other frequently abused/misused medications. These edits are not intended as prescribing limits.

If you have any questions related to these edits, you may contact your insurance provider and leave a message with your name, prescriber identification number and returns phone number. A plan representative will collect your information and return your call as soon as possible.

1. Day's supply limitations

* Opioid-naïve supply limitations:

Patients who are new to opioid therapy or have not had a paid a claim in the last 60 days are limited to no more than a seven days' supply of opioids on the initial fill for the treatment of acute pain.

* Opioid-tolerant patients:

Opioid-tolerant patients will be limited to a 30-day supply for opioids. This applies to both short and long acting opioids.

* Benzodiazepines:

All prescriptions for benzodiazepine will be limited to no more than 30-day dispense quantity.

2. Opioid dosage

The Centers for Disease Control(CDC) recommends the lowest possible effective dosage of opioids. The CDC further recommends that initial opioid therapy should not exceed 50mg morphine milligram equivalent (MME); avoid increasing dose greater than 90mg MME.

* Cumulative doses greater than 90 mg will result in a soft claim reject and require pharmacist intervention and consultation with the prescriber. (All lines of business)

* Cumulative doses greater than 250mg will require prior authorization for coverage determination (Commercial and LiNET lines of business)

* When the patient is attempting to obtain opioids form multiple prescribers and multiple pharmacies (more than four of each), the claims will require prior authorization for coverage determination. (Commercial, LiNET and Medicare lines of business)

****Effective January 1, 2019, per Medicare requirements, if the patient has a cumulative opioid dose greater than 90 MME, the dispensing pharmacist is required prior to dispensing to consult with the prescriber(s) to confirm the intended cumulative dosage and document the discussions within their systems****

3. Concurrent use of any opioid medication and benzodiazepine medication

Patients with overlapping fills of opioid and benzodiazepine medications will trigger a drug interaction edit and require pharmacist and prescriber evaluation before the claim can be successfully paid.

4. Drug management program- At-risk overutilization.

The Comprehensive Addiction and Recover Act(CARA), enacted in 2016, requires Medicare Part D sponsors to establish drug management programs for beneficiaries who are at risk of overuse and limit beneficiaries' coverage for frequently abused drugs to certain prescribers, pharmacies ("lock-in") and/or certain medications.

- * For patients who meet criteria established by CMS, case management will be conducted with their opioid providers to determine if the patient is a risk for prescription drug abuse or misuse.
- * The criteria that must be met in the past 180:

- A daily average MME of 90 or greater AND
- Opioid prescriptions issued by three or more prescribers AND
- Opioid prescriptions filled at three or more pharmacies

* The goal of case management is to help ensure that frequently abused drug prescriptions are safe, medically necessary and appropriate.

A. Beneficiary-level opioid edits (Medicare, LiNET lines of business)

*For patients who point-of-sale MME limits in place prior to January 1, 2019, those edits will continue to be effective. This edit will limit MME the patient may receive.

*This MME limit is determined through the clinical case management process in collaboration with the coordinating prescriber

*Only one prescriber may be designated as the coordinating prescriber. Claims will reject when MME is exceeded.

*Adjustments are facilitated by contacting or submitting request to Clinical Case Management.

B. Beneficiaries at risk for use of frequently abused drugs (e.g., opioids and benzodiazepines) (Medicare, LiNET lines of business)

*Starting January 1, 2019, for patients who meet opioid criteria mentioned above an also take benzodiazepines after thorough case management has been conducted.

*The limitations can limit the amount of opioids or benzodiazepines that the patient can obtain, or can limit the prescriber and/or pharmacy that can issue or dispense the medication.

*When the prescriber and/or pharmacy limitations are placed, approval must be received from the prescribers or pharmacies prior to respective limitations being placed.

Prescribers under the same tax identification (TIN) are counted as one prescriber

Pharmacies that share a real-time electronic database are counted as one pharmacy

Patient Name (Printed): -----

Patient Name (Signature): -----

Date: -----