



Presbyterian Pain and Spine
8300 Constitution Ave. NE
Albuquerque, New Mexico 87110
Phone: (505) 291-2770 Fax: (505) 291-2706
www.phs.org

Welcome to our comprehensive spine center. The Presbyterian Pain and Spine Program is located at Presbyterian Kaseman Hospital, 8300 Constitution Ave NE. The Presbyterian Pain and Spine is managed by Presbyterian Medical Group with the physician services provided by Presbyterian Medical Group and New Mexico Pain and Spine Institute.

Please complete and sign the attached forms and bring them with you to your appointment. When you arrive for your appointment, please check in at the registration office located in the lobby.

Patient Questionnaire

It is very important that you write as much information as possible about your pain to help our physicians meet your needs.

Please bring your insurance cards and co-pay to all appointments. If your insurance carrier requires you to have a referral from your primary care doctor, please bring it with you. We will also need your case manager and/or attorney's name and phone number if legal considerations are involved.

Rescheduling and Cancellations

We know your time is valuable, so we attempt to stay on schedule. Emergencies, complications with patients scheduled before you, or other factors may make a shift in the schedule necessary. If this should occur, we will keep you informed. We appreciate your understanding in these situations.

If you are unable to keep your appointment, please notify us at least twenty-four (24) hours in advance. If you do not show up for an appointment two (2) times, or if you have excessive late cancellations, your care will be returned to your Primary Care Physician.

Reaching Us by Telephone

Out phones are open Monday through Friday 8:00am to 5:00pm. To make an appointment, please call (505) 291-2770 and select option 1 for patient calls.

Our Staff and Your Questions

Our staff members are eager to help you with any questions you may have. Our nurses and physicians are seeing patients during the day and will be glad to return your call as soon as we are able. Please feel free to ask questions regarding your care.

Medicine and Prescriptions Refills

Please call the office if you have any problems with medication. The physician and/or nurse will discuss the purpose of the medications prescribed as well as the major side effects. If you need to refill a prescription ordered for you by one of our physicians, please submit a refill request five (5) working days before you expect to run out. For non-narcotic prescription refills please contact your pharmacy. They will contact us for the refill. For narcotic prescription refills please contact our office. Refills for narcotic prescriptions will not be made at night, on holidays, or weekends. Patients receiving narcotic medications will be asked to sign a treatment agreement.

Medical Records

Please ask your referring doctor to fax copies of your medical records (progress notes, medication list, x-ray, CT or MRI reports) to our office at (505) 291-2706 forty-eight (48) hours before your appointment. In order for the physician to diagnose appropriate treatment options it is critical that we have your previous medical information from your referring physician. Your appointment may be rescheduled if we do not have a referral or records from your referring physician.

Insurance/Payment for Services

You can find our physicians listed in your insurance plan book as New Mexico Pain and Spine Institute. Presbyterian Pain and Spine is a Department of Presbyterian Hospital. If you have any questions about whether we are part of your insurance plan, please contact your insurance carrier.

All co-payments are due at the time of service. We accept Visa, MasterCard, Discover, cash and personal checks. Depending on the provider you see, you may receive more than one bill. You may receive a bill from Presbyterian Medical Group, Presbyterian Kaseman Hospital, and New Mexico Pain and Spine Institute, or a combination depending on the type of care you have received. Please feel free to ask our staff what bills you may receive.

Please call us immediately to report changes in your address, insurance, or other personal information. Outdated information only complicates our communication with your insurance and makes it difficult for our staff and physicians to reach you.

Qswestry Pain Evaluation Scale
Please rate the severity of your pain by circling a number below
0 – no pain 1 2 3 4 5 6 7 8 9 10 – unbearable pain

Name: _____ Date: _____

Instructions: Please circle the ONE NUMBER in each section which most closely describes your problem.

Section 1 – Pain Intensity

- 0. The pain comes and goes and is very mild.
- 1. The pain is mild and does not vary much.
- 2. The pain comes and goes and is moderate.
- 3. The pain is moderate and does not vary much.
- 4. The pain comes and goes and is severe.
- 5. The pain is severe and does not vary much.

Section 2 – Personal Care (Washing, Dressing, etc.)

- 0. I would not have to change my way of washing or dressing in order to avoid pain.
- 1. I do not normally change my way of washing or dressing even though it causes some pain.
- 2. Washing and dressing increase the pain but I manage not to change my way of doing it.
- 3. Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- 4. Because of the pain I am unable to do some washing and dressing without help.
- 5. Because of the pain I am unable to do any washing and dressing without help.

Section 3 – Lifting

- 0. I can lift heavy weights without extra pain.
- 1. I can lift heavy weights but it gives extra pain.
- 2. Pain prevents me lifting heavy weights off the floor.
- 3. Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- 4. Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- 5. I can only lift very light weights at most.

Section 4 – Walking

- 0. I have no pain on walking
- 1. I have some pain on walking but it does not increase with distance.
- 2. I cannot walk more than 1 mile without increasing pain.
- 3. I cannot walk more than ½ mile without increasing pain.
- 4. I cannot walk more than ¼ mile without increasing pain.
- 5. I cannot walk at all without increasing pain.

Section 5 – Sitting

- 0. I can sit in any chair as long as I like.
- 1. I can sit only in my favorite chair as long as I like.
- 2. Pain prevents me from sitting more than 1 hour.
- 3. Pain prevents me from sitting more than ½ hour.
- 4. Pain prevents me from sitting more than 10 minutes.
- 5. I avoid sitting because it increases pain immediately.

Section 6 – Standing

- 0. I can stand as long as I want without pain.

- 1. I have some pain standing but it does not increase with time.
- 2. I cannot stand for longer than 1 hour without increasing pain.
- 3. I cannot stand for longer than ½ hour without increasing pain.
- 4. I cannot stand for longer than 10 minutes without increasing pain.
- 5. I avoid standing because it increases the pain immediately.

Section 7 – Sleeping

- 0. I get no pain in bed
- 1. I get pain in bed but it does not prevent me from sleeping well.
- 2. Because of the pain my normal nights sleep is reduced by less than one quarter.
- 3. Because of the pain my normal nights sleep is reduced by less than one-half.
- 4. Because of the pain my normal nights sleep is reduced by less than three-quarters.
- 5. Pain prevents me from sleeping at all.

Section 8 – Social Life

- 0. My social life is normal and gives me no pain.
- 1. My social life is normal and but it increases the degree of pain.
- 2. Pain has no significant effect on my social life apart from limiting my more energetic interest, e.g., dancing, etc.
- 3. Pain has restricted my social life and I do not go out very often.
- 4. Pain has restricted my social life to my home.
- 5. I have hardly any social life because of the pain.

Section 9 – Traveling

- 0. I get no pain when traveling.
- 1. I get some pain when traveling but none of my usual forms of travel make it any worse.
- 2. I get extra pain while traveling but it does not compel me to seek alternate forms of travel.
- 3. I get extra pain while traveling which compels me to seek alternative forms of travel.
- 4. Pain restricts me to short necessary journeys under ½ hour.
- 5. Pain restricts all forms of travel.

Section 10 – Changing Degree of Pain

- 0. My pain is rapidly getting better.
- 1. My pain fluctuates but is definitely getting better.
- 2. My pain seems to be getting better but improvement is slow.
- 3. My pain is neither getting better or worse.
- 4. My pain is gradually worsening.
- 5. My pain is rapidly worsening.

Total _____

New Mexico Pain and Spine Institute P.C
Providing services at: Presbyterian Pain and Spine Center – Kaseman
8300 Constitution Ave NE, Albuquerque, NM 87110 Phone: (505) 291-2770 Fax: (505) 291-2706

Consent for physician services: Consent is given to New Mexico Pain and Spine Institute, P.C. and its employees to provide physician or other medical practitioner services. Certain procedures require a separate consent. The physician or provider is responsible for explaining medical or surgical procedures to the patient. The undersigned authorizes observers to be present during treatment for purposes of their medical training and education.

Policies: All patients must comply with applicable New Mexico Pain and Spine Institute P.C. policies. New Mexico Pain and Spine Institute, P.C. is not responsible for personal property. Consent is given to New Mexico Pain and Spine Institute, P.C. to search the patient and the patient's personal property, if necessary.

Use or Disclosure of Health Information: Expect as required by law, or as otherwise described in our Notice of Privacy Practices, New Mexico Pain and Spine Institute, P.C. may use and share the patient's health information to carry out treatment, payment or health care operations as described in our Notice of Privacy Practices. New Mexico Pain and Spine Institute, P.C. enforces HIPPA laws, established to protect patient's health information.

Assignment of benefits: The undersigned authorizes that payment of insurance or other benefits be made on the patients behalf to New Mexico Pain and Spine Institute, P.C. The undersigned agrees to assist in the processing of claim for benefits.

Medicare Benefits: The undersigned certifies that the information given in the applying for payment under Title XVIII of the Social Security Act is correct. The undersigned consents to the release of the patient's health information by any holder of such information to the Social Security Administration and the Centers for Medicare and Medicaid services or its intermediaries or carriers. The undersigned authorizes that payment of benefits be made on the patient's behalf to New Mexico Pain and Spine Institute, P.C.

Communication: The undersigned authorizes that communication to the patient or guarantor can be made through email, including billing statements.

Financial Responsibility: The undersigned jointly and severally agree to pay for physician services; New Mexico Pain and Spine Institute, P.C. fees and insurance contracts are not necessarily the same as Presbyterian Hospital. Patients are encouraged to call their insurance company for benefits information prior to any services provided by New Mexico Pain and Spine Institute, P.C. It is understood and agreed that reasonable attorney fees and/or open account interest charges assessed are payable by the undersigned. To the extent not expressly prohibited by applicable law, the undersigned jointly and serially, agree to pay New Mexico Pain and Spine Institute, P.C. all charges not paid in full by a third party payor.

The undersigned certifies the foregoing statements and consents have been read and understood. The undersigned is the patient or is dully authorized as the patient's representative to execute and accept its terms.

Patient Signature (or Authorized Representative/Relationship to patient)

Guarantor (or Authorized Representative/Relationship to patient)



Important Billing Information

Presbyterian Pain and Spine Center provides consultation and treatment for patients with chronic pain. In order to provide appropriately trained physicians and certified nurse practitioners to our patient population, we are affiliated with New Mexico Pain and Spine Institute.

We would like to notify you that if you see a provider employed by New Mexico Pain and Spine Institute, you will receive two bills:

- One bill for services provided by New Mexico Pain and Spine Institute.
- One bill for office space and support costs incurred by Presbyterian.

New Mexico Pain and Spine Institute employee the following Providers:

Charles Pace, MD
William Wagner, MD
Robert Zuniga, MD
Rebecca Duchon, PA-C
Gregory Maroney, PA-C
Michael Palacio, CNP
Jerry Bridges, CNP
Eliezer Pangan, CNP

If you have any questions regarding a bill you receive from New Mexico Pain and Spine Institute, please call (505) 260-4300. This phone number is for billing questions only.

If you have any questions regarding a bill you receive from Presbyterian, please call Patient Financial Services at (505) 923-6600.

For appointments or scheduling questions, please continue to call (505) 291-2770.

Thank you for the opportunity to provide your care.

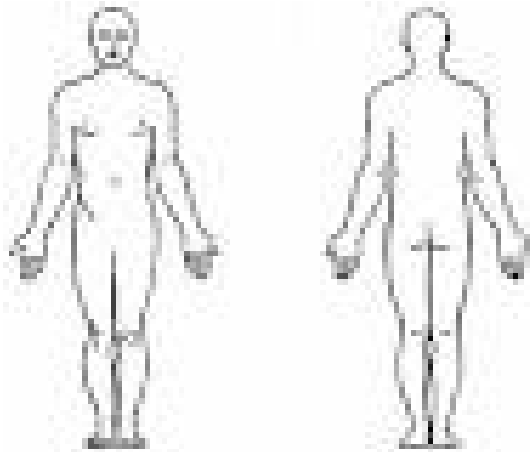
BP: _____ Pulse: _____
O2 _____, MA

**Presbyterian Pain and Spine Program
Patient Health Questionnaire
8300 Constitution Ave NE
Albuquerque, New Mexico 87110
Phone: (505) 291-2770 Fax: (505) 291-2706**

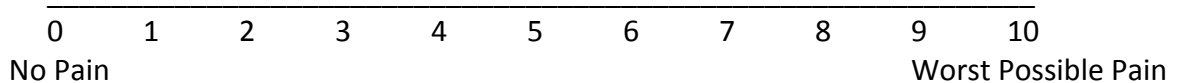
Date: _____

Patient Name: _____ Medical Record: _____
DOB: _____ Age: _____ Gender: M / F Height: _____ Weight: _____ lbs.
Occupation: _____
Primary Care Physician: _____
Referring Physician: _____
Reason for visiting our clinic today: _____
When did this problem start? _____
Was there an accident/injury that occurred to trigger this problem?
Describe: _____

If you are experiencing pain...
Where is the pain located? _____ Please mark an "X" in the affected areas:



Does your pain radiate anywhere? _____
Describe your pain (ie. aching, sharp, dull, and burning) _____
Is your pain constant/intermittent? _____
What makes your pain worse? _____
What can you do to relieve your pain? _____
Where would you rate your pain on the scale (0-10)?



Patient Health Questionnaire

Do you have other symptoms with you pain?

- Numbness/Tingling: Where? _____
- Weakness: Where? _____
- New Bowel Problems: Explain _____
- New Bladder Problems: Explain _____
- Mood Changes (ie, Sad, Irritable, Stressed): _____
- Constitutional Symptoms (Unexplained Weight Loss, Night Sweats, Fever):

- Other: Rash/Lesion, etc.) Explain _____

What tests have you had done to find the cause of your pain?

- XRAY: Of what? _____ Date: _____
- MRI: Of what? _____ Date: _____
- CT Scan: Of what? _____ Date: _____
- EMG/Nerve Conduction Test: _____ Date: _____
- Other? _____ Date: _____

What treatments have you had in the past for this problem?

- Medications: Which? _____
- Physical/Occupational Therapy: _____
- Injections: What Kind? _____
- Surgery: What Kind? _____
- Psychologist: _____
- Alternative/Other Therapies:
 - Accupuncture Chiropractic Treatment Massage
 - Tens Unit Relaxation Therapy Biofeedback
 - Pool Therapy Other: _____

Past Surgical History: _____

Past Medical History: _____

Family Medical History:

Father: Living / Deceased Medical illness? _____

Mother: Living / Deceased Medical illness? _____

Major family medical problems (Ex: heart trouble, stroke, diabetes. Psychiatric, cancer, drug or alcohol): _____

Patient Health Questionnaire

Medications, Herbal/Vitamin Supplements, OTC:

Allergies (Medication, Iodine, Latex, Seasonal, Food):

Allergic to:	Reaction:
Allergic to:	Reaction:
Allergic to:	Reaction:
Allergic to:	Reaction:

Are you on blood thinner? Yes No If yes, which one? _____

Social History:

Marital Status: _____

Sleep Pattern: Wake up _____ time per night. Because of pain? Yes / No
Get _____ hours of sleep per night? Feel rested? Yes / No

Work status (Full/Part Time, Disabled, and Student) _____

Excuse Pattern: _____

Tobacco: NO YES _____ packs per day X _____ years

Alcohol: NO YES _____ drinks per week

Substance Use No YES (Substance _____)

Past Drug/Alcohol Problems? NO YES

Describe how your problems has affected you in the past 4 weeks: (Interferes with job, school, sports, with basic activities in the household): _____

How would you describe your overall health? (Excellent, Good, Fair, Poor) _____

What are your expectations of how the Pain Clinic can help you? _____

Patient Health Questionnaire

Check the box with "YES" or "NO"

Yes No

Constitution symptoms

- weight changes
- fever or chills
- cancer or tumor

Eyes, ears, nose, mouth, throat

- visual changes
- hearing loss

Cardiovascular

- heart disease
- hypertension
- rheumatic fever
- chest pain (angina)
- heart attack
- shortness of breath
- irregular heart
- heart murmur
- leg swelling
- blood clots in legs

Respiratory

- pneumonia
- pneumonia
- tuberculosis
- chronic obstructive disease
- pulmonary emboli
- asthma

Gastrointestinal

- frequent heart burn/reflux
- nausea and vomiting
- hepatitis or cirrhosis
- constipation
- ulcers
- bloody bowel movements
- change in bowel movements

Hematological

- anemia
- easy bleeding

Other Illnesses

- Do you smoke cigarettes? How many pack per day? _____
- Do you consume alcoholic beverages? How many per day? _____
- Are you allergic to any medications? What are they and what are your reactions? _____

Yes No

Genitourinary

- frequent urine infections
- kidney disease
- loss of urine control

How often do you get up at night to void? _____

Musculoskeletal

- joint pain
- joint swelling
- muscle wasting
- osteoporosis
- arthritis

Integument

- skin lesions or rash
- hair and/or nail changes

Neurological

- seizures
- loss of consciousness
- paralysis
- tremors
- gait disturbances
- headache
- stroke

Psychiatric

- memory changes
- difficulty with work
- fatigue
- loss of appetite
- hallucinations
- anxiety/nervousness
- depression
- panic attacks

Endocrine

- Thyroid disease
- diabetes

Female

- pregnant
- Last menstrual period _____

