

Date: _____

Dear _____:

We are excited that you are a new patient and your first visit is scheduled to be on _____ at _____. My specialty in medicine is the holistic treatment of patients with myofascial pain in all areas of the body, fibromyalgia and chronic fatigue syndrome. Myofascial pain is the pain that comes from muscle and its covering tissue called fascia. You have been referred to me because your doctor or friend is thinking that your pain may be caused by myofascial trigger points in your muscles or because you need a more holistic approach to your problem.

Many of my new patients have had their pain condition for quite some time. If your condition is of recent onset, you will have less to do in order to prepare for your first office visit. I need you to bring with you the results of all the medical tests that have been done *in investigation of your condition*. I would like to see written reports of CAT SCAN, MRI SCAN, EMG tests, etc., and the actual films of any X-rays that have been taken. I do not necessarily need office notes from previous treating doctors.

Most importantly, I need you to **take some time and complete the medical history form which has been provided**. This will take some people quite a bit of time. Please write or type this information and mail your packet back in the envelope provided. We have highlighted the title on the pages we require to be sent back. We **must have received your packet back at least 3 days PRIOR TO YOUR APPOINTMENT** or your appointment will be cancelled.

Also enclosed are our General Information and Financial Policy Brochure. This will explain how our office functions. We ask that you the "patient" contact your insurance company so they can advise you of your medical benefits.

A map to our office and a checklist of things to bring is enclosed for your convenience.

WE HAVE RESERVED A CONSIDERABLE AMOUNT OF TIME FOR YOU. IF YOU NEED TO CANCEL THIS VISIT YOU MUST CALL AND GIVE US AT LEAST 72 HOURS NOTICE OR YOU WILL BE CHARGED \$100 FOR THIS RESERVED TIME.

We look forward to meeting you. If you have any questions, please do not hesitate to call.

Yours truly,

Hal S. Blatman, M.D., DAAPM, ABHM

CHECK LIST OF ITEMS TO **BRING** WITH YOU ON YOUR VISIT

PHARMACEUTICAL RECORDS FROM PAST SIX MONTHS
(ASK YOUR PHARMACY TO FAX THESE TO 513-956-3202)

LIST OF ALL MEDICAL ALLERGIES

LIST OF ALL MEDICATIONS TRIED IN THE PAST

LABS

BLOODWORK – RECENT
MRI – FILMS AND REPORTS
CATSCAN – FILMS AND REPORTS
X RAYS – FILMS AND REPORTS

INSURANCE CARD

DRIVER'S LICENSE

PAYMENT OF \$300.00

CASH
VISA
MASTERCARD

PLEASE DO NOT WEAR ANY PERFUME OR COLOGNE THE DAY OF YOUR APPOINTMENT DUE TO PATIENT AND STAFF ALLERGIES AND CHEMICAL SENSITIVITIES.

ALSO A REMINDER:

IF YOU NEED TO CANCEL YOUR APPOINTMENT FOR ANY REASON, WE SET ASIDE 2 HOURS FOR YOUR VISIT AND WE REQUIRE **AT LEAST A 72 HOUR** NOTICE OR YOU WILL BE CHARGED \$100 FEE FOR THIS RESERVED TIME.

FIBROMYALGIA

Dr. Blatman has had the benefit of two years of formal training in orthopedic surgery and two years in occupational medicine. He has been trained in Myofascial Pain medicine by Dr. Janet Travell, the physician who pioneered the diagnosis and treatment of this disorder, and who treated President Kennedy's lower back pain. Since 1988, he has focused his practice of medicine to the treatment of patients with myofascial pain disorders. During this time, he has had experience with over 10,000 patients with myofascial pain disorders.

So you have been told by your doctor that you have fibromyalgia. Will you always hurt? Will life be any fun anymore? Are you doomed?

There are many people with chronic pain in their neck, shoulders, or lower back. They may be diagnosed as having fibromyalgia when they ask their doctor during an office visit "I've had pain and fatigue for quite a while, could I have fibromyalgia?" Their doctor may say that fibromyalgia does not exist, or may agree and hand them a pamphlet about fibromyalgia that describes their symptoms very closely. Antidepressant medication is commonly prescribed and exercise may be encouraged. Now there is an alternative approach to treating this disorder that also includes education, bodywork, and perhaps lifestyle changes.

The condition recognized as fibromyalgia, has a 200-year-old medical history. It was first called muscular rheumatism, then fibrocitis. In 1990, the American College of Rheumatology defined criteria for classifying people as having, or not having fibromyalgia. These criteria include a carefully defined combination of:

- 3 month history of wide spread pain
- pain on both sides of the body
- pain above and below the waist
- pain along the spine or chest
- pain with pushing on 11 of 18 specifically defined tender points

Even with this definition, not all doctors agree as to what fibromyalgia is, or even how it should be treated. Many doctors think that fibromyalgia is a primary disease of muscle tissue. Newer theories discuss involvement of the nervous system and immune system. In addition, there is evidence for a hereditary component.

There are several symptoms that are commonly associated with fibromyalgia. These include bizarre pain, chronic fatigue, sleep disorders, depression, irritable bowel syndrome, chronic headaches, temporomandibular joint dysfunction, morning stiffness, memory impairment, and irritable bladder. Symptoms are typically worsened with changes in the weather, physical activity, and stress.

People with chronic myofascial pain syndromes have many symptoms in common with people who have fibromyalgia. Indeed, it can be very difficult to differentiate these two conditions. There is no medical test for diagnosing fibromyalgia. Sometimes people with myofascial pain syndromes are diagnosed as having fibromyalgia. People with fibromyalgia all have myofascial pain. Indeed, much of the pain of fibromyalgia is myofascial in origin. Fortunately there is a treatment protocol that is usually helpful for both of these conditions.

There are many important considerations in treating patients with fibromyalgia. Nutrition plays an important part in treatment. We get out of our bodies only the quality of what we put into them. “Whole foods” such as grain bread and brown rice are better for our bodies than processed food such as white flour and white rice. Refined sugar is perhaps the worst of the processed foods for us to eat. Many people do better if they do not eat wheat. Another consideration is stress management. There are central nervous system mechanisms that make muscles generate more pain when we are under more stress. Since we do not live in a stress free environment, we can often be helped by techniques that change how we respond to stress. A good night’s sleep is also very important in healing our bodies. Sleep deprivation in normal people causes fatigue and diffuse pain patterns to occur. Medication that is not addictive may be prescribed to help restore normal sleep patterns. This often has a beneficial effect on the pain level and fatigue of fibromyalgia. In addition, there are dietary supplements that can help to reduce fatigue. A good multiple vitamin, vitamin C, magnesium, vitamin B-12, and folic acid, are examples of dietary supplements that can be helpful. Co-enzyme Q may be helpful in some people. Less conservative treatment that centers on chronic yeast (candida) has also been helpful in many patients. Active allergic states can also cause the pain of fibromyalgia to increase and treatment for allergic conditions can also be helpful.

Aerobic exercise and general muscular conditioning are very important parts of treatment. Fibromyalgia patients need to learn how to use their bodies in such a way that activity can be fun, without paying for this fun with days of pain. In addition, pain can often be reduced with bodywork. Most fibromyalgia patients will respond to the same kinds of body work that help people with myofascial pain. Hands on myofascial release techniques and massage therapy are usually beneficial. Healing Touch, energy healing, Feldenkrais therapy and Chiropractic can be very helpful. AquaMed Hydrotherapy has also been very helpful for many patients. Specific treatment of myofascial trigger points is also usually helpful. This includes accupressure and myofascial trigger point injections using local anesthetic agents.

There is also hope for a brighter future. Research is helping doctors to understand more about body mechanisms involved in causing the symptoms of fibromyalgia. New medications are being developed as a result of this research that will continue to improve the quality of life for the many people who suffer from this condition.

A MEDICAL INTRODUCTION TO MYOFASCIAL PAIN

INTRODUCTION

Myofascial pain is a very unsettling condition that often affects people with a history of musculoskeletal injury. Most commonly myofascial pain is considered in people still suffering, years after an apparent “strain” injury. Common examples include chronic lower back pain and neck pain with headaches. Myofascial pain is also the predominant problem in people with pain from repetitive motion injuries. The pain from acute injuries to muscle should also be considered to be myofascial in origin. Conditions diagnosed as muscular tears also have a significant myofascial component to pain and the chance for re-injury. Indeed, myofascial pain should be considered as being part of most any chronic pain condition.

Myofascial Pain Model for Chronic Pain

Myofascial is derived from the words “myo” which means muscle, and “fascia” which is the connective tissue that covers and intertwines with muscle. Myofascial pain is the pain that is generated by hyperactive focal areas of irritability in muscle or its associated fascia that are called *myofascial trigger points*. A trained examiner can usually detect these trigger points with palpation. A skilled examiner can often tell where a person hurts, even without being shown by the patient. The diagnosis of myofascial pain is determined by physical examination, and not as much by medical testing.

Trigger points are described in three ways: active, latent, and satellite. An active trigger point typically causes pain at rest and more pain when the muscle is used. Active trigger points typically refer pain to other areas of the body. Latent trigger points do not usually cause pain that a person is conscious of, however they cause weakness and restriction of motion on an indefinite basis. They also may become active with use of the muscle, chilling, and leaving the muscle in a shortened position for a prolonged period of time. A common example of activation of latent trigger points is a phenomenon called a stiff neck. This may occur when latent trigger points in neck and upper shoulder musculature activate during the night and the next morning there is extreme neck pain and stiffness. Satellite trigger points develop in the zone of referred pain from another trigger point. If a neck muscle trigger point refers pain into the arm and forearm long enough, the musculature of the arm and forearm will develop trigger points even in the absence of direct trauma to the area. These satellite trigger points typically have the same characteristics as other active trigger points in that they generate pain, restrict motion, and cause weakness without atrophy.

Myofascial trigger points may generate different qualities of pain. The pain can be knife like and stabbing. It can also be dull and achy. The sensations of burning pain, numbness and tingling can also be myofascial in origin.

Typical examples of myofascial pain syndromes include headaches that are often diagnosed as tension, sinus, and migraine. Neck pain that radiates into the arm and forearm, as well as lower back pain that radiates into the thigh and leg are often myofascial in origin. When a person has this radiation of burning pain and numbness and tingling into an extremity associated with normal MRI scans and normal EMG studies, then the symptoms are almost always myofascial pain. These symptoms will usually improve and often resolve with treatment directed towards the myofascial component of the pain pattern.

Treatment of Myofascial Pain to Diminish Chronic Pain

To lessen the pain from trigger points, the trigger points need to be made “less active”. This is accomplished by stretching the involved musculature to its normal and healthy resting length. People may need to stretch 10 to 15 times per day to succeed in treatment. Often, it is almost impossible to stretch effectively with exercises alone, and various tools become important. One such tool is application of pressure to the trigger point. Compression produces pain and causes the trigger point to become smaller and less active. The trigger point will subsequently generate less pain and the muscle will stretch further. Another tool is a vapocoolant spray such as Fluorimethane or Ethyl chloride. This spray blocks reflex pain and spasm during stretching, and allows the muscle to stretch without pain.

The most powerful tool for inactivating trigger points is a trigger point injection. After the trigger point is inactivated, the muscle must be stretched to its more normal length. All of the musculature involved in the pain pattern must also be stretched at the time of the office visit. Indeed, the stretch is the “cure”, and the injection is merely the tool that allows the stretch to happen.

When myofascial pain conditions are treated in this manner, the pain pattern evolves backwards in time and eventually resolves or reaches a plateau of improvement. This can take 6 to 12 months in many people with chronic conditions. Occasionally people will continue to improve during two years of treatment. It is easier to treat people soon after an injury. Even after 15 years of pain however, many people will improve with this treatment.

There are several factors that perpetuate myofascial pain and increase the likelihood that the pain pattern will progress to involve more of the body and subsequently cause depression and sleep disturbance problems. Perpetuating factors include: structural inadequacies (i.e. one leg shorter than the other), nutritional inadequacies (especially vitamin C, various B complex vitamins, magnesium), ergonomic factors (activities of daily living and work that physically aggravate the involved muscles), metabolic conditions (hypothyroidism), and others.

In treating chronic myofascial pain, these perpetuating factors need to be addressed. This will make it easier and in some cases, possible to improve a patient’s condition.

Hal S. Blatman, M.D.

HAL S. BLATMAN, M.D.
10653 TECHWOODS CIRCLE, SUITE 101
CINCINNATI, OHIO 45242
513-956-3200

Directions to our office:

75 Southbound:

75 South to 275 East
Exit onto Reed Hartman Highway (3 exits) turn right
At the 5th or 6th light turn left onto Creek Road.
Make a right at the first driveway on the right, which is
Techwoods Circle
Turn into the 4th driveway on the right
Take an immediate left and park in designated area.

75 Northbound:

75 North to 275 East
Exit onto Reed Hartman Highway (3 exits) turn right
At the 5th or 6th light turn left onto Creek Road.
Make a right at the first driveway on the right, which is
Techwoods Circle
Turn into the 4th driveway on the right
Take an immediate left and park in designated area.

71 Southbound:

Exit Pfeiffer Road
Take a right at the light onto Pfeiffer Road
Turn right onto Kenwood Road
At light make a left onto Creek Road
Take a left onto Techwoods Circle
Turn Left into 3rd driveway, which is after Candlewood Hotel
Take an immediate left and park in designated area

71 Northbound:

Exit Pfeiffer Road
Take a left at the light onto Pfeiffer Road
Turn right onto Kenwood Road
At light make a left onto Creek Road
Take a left onto Techwoods Circle
Turn Left into 3rd driveway, which is after Candlewood Hotel
Take an immediate left and park in designated area

CHECK LIST OF ITEMS TO MAIL BACK PRIOR TO YOUR VISIT

FINANCIAL POLICY	SIGN AND DATE ON BACK
PATIENT INFORMATION RECORD	COMPLETELY FILLED OUT (BOTH SIDES)
CURRENT MEDICAL HISTORY	COMPLETELY FILLED OUT
INITIAL PAIN ASSESSMENT TOOL	COMPLETELY FILLED OUT
ZUNG SELF-RATING DEPRESSION SCALE	COMPLETELY FILLED OUT
TIPS ON TALKING ABOUT PAIN WITH YOUR HEALTHCARE PROVIDER	COMPLETELY FILLED OUT
WHO MAY WE SPEAK TO REGARDING	COMPLETELY FILLED OUT

PATIENT INFORMATION RECORD
PLEASE PRINT LEGIBLY

DATE OF INJURY OR DATE SYMPTOMS STARTED: _____ **DATE TODAY:** _____

PATIENT FIRST NAME MIDDLE INITIAL	LAST NAME	SINGLE	WIDOWED
		MARRIED	DIVORCED
STREET ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE NUMBER ()	
BIRTHDATE AGE	PATIENT'S SOCIAL SECURITY NUMBER	PATIENT'S CELL NUMBER ()	
LIST ANY OTHER NAME YOU HAVE USED	OCCUPATION	PHARMACY NUMBER ()	
EMPLOYER	ADDRESS, CITY, STATE, ZIP CODE	EMPLOYER TELEPHONE	EXT ()
SIGNIFICANT OTHER	BIRTHDATE	OCCUPATION	
EMPLOYER	ADDRESS, CITY, STATE, ZIP CODE	EMPLOYER TELEPHONE	EXT ()

IF PATIENT IS A MINOR OR STUDENT:

FATHER'S NAME BIRTHDATE	ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER ()
EMPLOYER	ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER ()
MOTHER'S NAME BIRTHDATE	ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER ()
EMPLOYER	ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER ()

INSURANCE INFORMATION
MUST BE FILLED OUT COMPLETELY

PRIMARY INSURANCE _____ PHONE NUMBER _(_____)_____

SUBSCRIBER NAME _____ EFFECTIVE DATE: _____

MEMBER NUMBER _____ GROUP NUMBER _____

WORKERS COMPENSATION CL# _____ MCO NAME _____

CLAIMS REPRESENTATIVE _____ MCO PHONE NUMBER _____

EMPLOYER AT DATE OF INJURY _____ DATE OF INJURY _____

PLEASE INITIAL TO VERIFY ALL THE INFORMATION ABOVE IS CORRECT _____

OVER PLEASE

ADDITIONAL INFORMATION

FAMILY PHYSICIAN _____ REFERRING PHYSICIAN _____
STREET ADDRESS _____ STREET ADDRESS _____
CITY, STATE, ZIP _____ CITY, STATE, ZIP _____
TELEPHONE __ (____) _____ TELEPHONE __ (____) _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP TO YOU: _____
STREET ADDRESS: _____ TELEPHONE: __ (____) _____
CITY, STATE, ZIP CODE: _____

WHO IS RESPONSIBLE FOR PATIENT'S MEDICAL EXPENSES

PARENT SIGNIFICANT OTHER SELF

NAME OF PARENT OR SIGNIFICANT OTHER (GUARANTOR) _____
DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____
GUARANTOR SIGNATURE: _____ DATE: _____

THE OFFICE OF HAL S. BLATMAN, M.D., INC WILL PROCESS YOUR PRIMARY INSURANCE CLAIM AS A COURTESY TO YOU, HOWEVER, THE GUARANTOR IS FULLY RESPONSIBLE FOR ALL CHARGES REGARDLESS OF INSURANCE COVERAGE.

ASSIGNMENT OF INSURANCE BENEFITS:

I HEREBY AUTHORIZE ALL PAYMENTS MADE BY THE INSURANCE COMPANY TO BE PAID DIRECTLY TO HAL S. BLATMAN, M.D., INC.

PATIENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: (IF MINOR) _____ DATE: _____.

BLATMAN PAIN CLINIC

10653 Techwoods Circle

Suite 101

Cincinnati, OH 45242

513-956-3200 fax 513-956-3202

www.blatmanpainclinic.com

Office Hours are 8:00AM to 5:00PM, Monday through Thursday

Our office is closed Friday, Saturday and Sunday

FINANCIAL POLICY

We welcome you to our office, and we are pleased to have this opportunity to help you as a patient. We are providing this information to help you understand how our business office operates, and to acquaint you with the policies of our practice.

We are committed to providing you with the best possible care, and we are always willing to discuss our professional fees with you. Your clear understanding of our financial policy is important to our professional relationship. If you have any questions about our fees, financial policies, or your financial responsibility, please call our financial coordinator.

PAYMENT METHODS

We accept cash, money orders, Visa and MasterCard.

INSURANCE

We are not a participant in any insurance plans. Most insurance company networks do not cover our treatment completely. It is your responsibility to contact your insurance company prior to your office visit. Payment for services in full is due at the time services are rendered. If you would like, we will file a claim with your insurance company. You must realize however, that your insurance company is a contract between you, your employer and the insurance company. We are not a party to that contract. Again, we urge you to check with your company before your first visit.

We must emphasize that, as medical care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

OVER PLEASE

APPOINTMENTS

We schedule 2 hours for a new patient visit. If you cancel your new patient office visit, you must let us know at least 72 hours in advance of your appointment, or you will be charged \$100.00. As an established patient, if you are unable to keep your scheduled appointment, please contact our office at least 24 hours in advance. This courtesy allows us to be of service to other patients. You will be charged a \$40.00 no show fee if you cancel less than 24 hours prior to your scheduled time and this charge must be paid prior to your next office visit.

Furthermore, if your account does fall behind and we are forced to send it to a collection agency, you will be further charged a \$20.00 fee as well as any other fees associated with the collecting of the money owed. These rates are all subject to change without notice.

CURRENT BALANCES ON PATIENT ACCOUNTS

In an effort to help you manage your account balance, any balance that reaches 30-60 days past due will be expected in full prior to rescheduling.

MEDICARE/MEDICAID

We have had to “opt” out of Medicare/Medicaid. We **CANNOT** bill Medicare, and patients **CANNOT** bill Medicare for reimbursement of our services. Please contact Misty, our patient care coordinator to review your situation.

ATTORNEY/ACCIDENT CASES/INSURANCE REPORTS/DISABILTIY FORMS

Request for information to be sent to your attorney or insurance carrier must come as a written request for information with your signed authorization to release this information. Disability forms require a \$35.00 payment for the first form, \$20.00 for additional forms. There will be fees for all narrative reports and letters, including BWC, the cost will depend on what is needed. In general, these will be completed within 7 to 10 business days of receipt.

CONFIDENTIALITY

Your medical records are strictly private and confidential. No information from your chart will be given to family members, your employer, your attorney or other doctors without your written permission. Worker’s Compensation patients have already signed a release for medical records in order to be seen by the Ohio BWC.

I have read the financial policy of the Blatman Pain Clinic and agree.

Patient

Date

Tips on Talking About Pain With Your Healthcare Provider

Pain assessment is critical to effective pain management. The following approach to assessing your pain-focusing on words to describe intensity, location, duration and aggravating and alleviating factors-will better help your healthcare provider develop effective treatment strategies.

Words to Describe Pain

Aching	Throbbing	Shooting
Stabbing	Gnawing	Sharp
Tender	Burning	Exhausting
Tiring	Penetrating	Nagging
Numb	Miserable	Unbearable
Dull	Radiating	Squeezing
Cramping	Deep	Pressure

Intensity (0 to 10)

If 0 is no pain and 10 is the worst possible pain, what is your pain now? In the last 24 hours? _____

Location

Where is your pain? _____

Duration

Is the pain always there? Or does the pain come and go (breakthrough pain)? Do you have both types of pain?

Does pain affect:

Sleep	Energy	Relationships
Appetite	Activity	Mood

Are you experiencing any other symptoms?

Nausea/vomiting	Itching	Urinary retention
Constipation	Sleepiness/confusion	Weakness

Initial Pain Assessment Tool

Patient's name: _____ Date: _____

Age: _____ Diagnosis: _____

1. Intensity: Rate your pain. Use the scale on the back of this form. _____
Present: _____
Worst pain gets: _____
Best pain gets: _____
Acceptable level of pain: _____
2. Onset of pain, duration, variations: _____

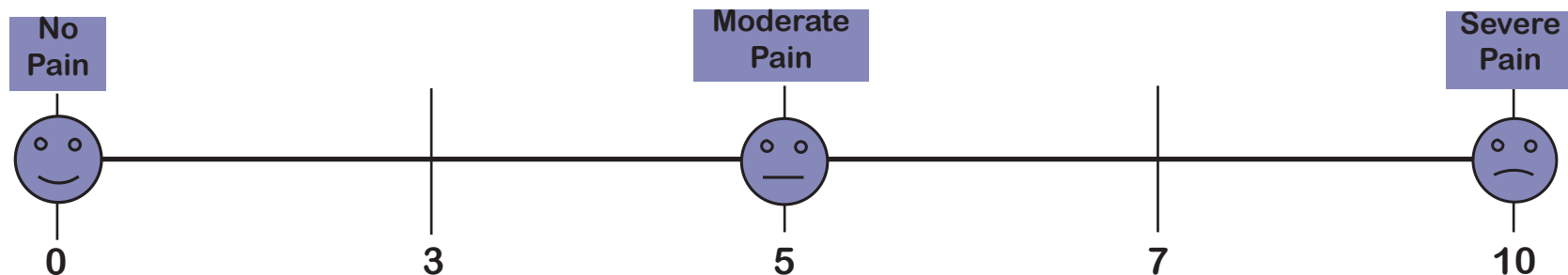
3. Manner of expressing pain: _____
4. What relieves the pain? _____
5. What causes or increases the pain? _____
6. Effects of pain: (ex: decreased function, decreased quality of life) _____

7. Accompanying symptoms (ex: nausea) _____
Sleep _____
Appetite _____
Physical activity _____
Relationship with others (ex: irritability) _____
Emotions (ex: anger, suicidal, crying) _____
Concentration _____
Other _____
8. Other comments: _____

PAIN SCALE



- 0** = No Pain
- 1** = You are slightly uncomfortable. Occasional minor twinges. No medicine needed.
- 2** = Pain is a minor bother. No medicine needed.
- 3** = Pain is annoying enough to be distracting. Mild painkillers like Aspirin or Tylenol help.
- 4** = Pain can be ignored if you are really involved; it is still distracting. Mild painkillers help for 3-4 hours.
- 5** = Pain can't be ignored for more than 30 minutes. Mild painkillers help for 3-4 hours.
- 6** = Pain can't be ignored, but you can still work. Stronger narcotic painkillers help for 3-4 hours.
- 7** = It is hard to concentrate. Pain bothers sleep. You can still function. Painkillers only help some.
- 8** = Your activity is limited a lot. You can read and talk with effort. Nausea and dizziness are part of the pain.
- 9** = You are unable to speak. You are crying out or moaning.
- 10** = You are unconscious. Pain makes you pass out.



Zung Self-Rating Depression Scale (SDS)

Reply to questions using one of the four replies below (A – D)

A – Little or none of the time

B – Some of the time

C – A large part of the time

D – Most or all of the time

	A	B	C	D
	Little or none of the time	some of the time	A large part of the time	Most of the time
1. I feel downhearted and blue	1	2	3	4
2. Morning is when I feel the best	4	3	2	1
3. I have crying spells or feel like it	1	2	3	4
4. I have trouble sleeping at night	1	2	3	4
5. I eat as much as I used to	4	3	2	1
6. I still enjoy sex	4	3	2	1
7. I notice that I am losing weight	1	2	3	4
8. I have trouble with constipation	1	2	3	4
9. My heart beats faster than usual	1	2	3	4
10. I get tired for no reason	1	2	3	4
11. My mind is as clear as it used to be	4	3	2	1
12. I find it easy to do the things I used to do	4	3	2	1
13. I am restless and can't keep still	1	2	3	4
14. I feel hopeful about the future	4	3	2	1
15. I am more irritable than usual	1	2	3	4
16. I find it easy to make decisions	4	3	2	1
17. I feel that I am useful and needed	4	3	2	1
18. My life is pretty full	4	3	2	1
19. I feel others would be better off if I was dead	1	2	3	4
20. I still enjoy the things that I used to	4	3	2	1

Some questions ask the information positively and others negatively but in all cases the **symptom severity is Scored from 1 to 4. The total score is often converted to a 100 point scale (SDS index)**

SDS Index = (score / 80 total points) x 100 or SDS Index = score x 1.25

	Total SDS raw score
--	----------------------------

	SDS Index (score x 1.25)
--	---------------------------------



Patient Name: _____
Please Print

Date: _____

WHO MAY WE SPEAK TO (OTHER THAN YOU) REGARDING

Your medical condition:

Your Bill:

CAN WE LEAVE A MESSAGE ON VOICEMAIL ABOUT

Appointments (reminders, etc) Yes No

Your bill Yes No

Patient Signature _____

Date _____

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GENERAL INFORMATION

OFFICE HOURS

Our office hours are from 8:00AM until 5:00PM, Monday through Thursday. Our office is closed Friday, Saturday and Sunday.

PAYMENT METHODS

We accept cash, money orders, Visa and MasterCard.

PHARMACY/PRESCRIPTION REFILLS

All patients are asked to phone their pharmacy for refills, and have the pharmacy phone our special voicemail line for more efficient and timely service. We must have 48 hours notice for your prescription medication to be filled, no prescriptions will be filled otherwise. Prescriptions will not be refilled in the evening or on weekends. And please remember we are not open on Fridays! When calling the office for written refills, please spell your first and last name, and also be sure to tell us what medications are needed as well as the pharmacy number.

PHONE CALLS/EMAILS

Calls of a medical nature are often handled by our staff. If your call requires the doctor's attention, it will usually be returned during lunchtime or after office hours. Please leave a number where you can be reached at those times.

WORKER'S COMPENSATION

BWC or self-insured workers' compensation patients must first call their case manager and must have written documents faxed or mailed to our office stating that BWC will cover the first consultation appointment. New patient appointments can be scheduled after we receive this documentation. Our Worker's Compensation Coordinator will help to make sure the paperwork is in order. Ohio BWC policy is that treatment is not provided during this initial office visit.

LITIGATION

Medical Charges for services and treatment rendered by our office are not contingent upon the outcome of a legal action against another party. We will file to your insurance carrier, but regardless of the final settlement, payment in full will be expected for all charges.

ATTORNEY/ACCIDENT CASES MEDICAL BILLS

Office charges must be kept current. Please contact Misty, our financial coordinator to review your situation. We do not participate in agreements to wait for your claim to be settled.

APPOINTMENTS

All patients must complete our patient information registration form. All paperwork sent to each new patient should be completed prior to arriving at our office. Failure to have paperwork completed may force us to reschedule your appointment.

We make every effort to stay on schedule. Emergencies and unpredictable situations sometimes arise and affect our schedule. We ask for your patience if you should have to wait.

CONFIDENTIALITY

Your medical records are strictly private and confidential. No information from your chart will be given to family members, your employer, your attorney or other doctors without your written permission. Worker's Compensation patients have already signed a release for medical records in order to be seen by the Ohio BWC.

Please print,
and check the
appropriate
items

Skim through entire form
before starting to fill this out.

CURRENT MEDICAL HISTORY

Long answers may
be continued on a
separate sheet of
paper.

Patient name _____

Date of birth _____ Age _____ Today's Date _____

Who referred you? _____

Family Physician _____ Doctor's Phone _____

Address of family physician _____

What are your Major Concern(s) _____

What are your Other Concerns and when did they start _____

When did your major concern(s) begin (be specific) _____

Pain and Problem History:

What seemed to really start it? If it was an injury, how did it happen? _____

List the weather conditions you feel best in: _____

List the weather conditions you feel worst in: _____

DIAGNOSTIC TESTING—Please bring a paper copy of test reports, and the actual films of plain x-rays if possible.

Don't copy the test report into this table.

Lab tests, Blood tests, MRI scan reports, CT scan reports, EMG reports etc.

TEST NAME	DATE TEST was DONE	FACILITY where test was DONE	WHAT RESULTS WERE YOU TOLD?

What SURGERIES have you had?

SURGERY	DATE	REASON for SURGERY	SUCCESSFUL?

Continue on separate sheet of paper if needed.

REVIEW OF SYSTEMS

Please check any symptoms that are bothersome to you NOW.

General

___ Poor appetite	___ Bleed/bruise easily	___ Poor balance	___ Change in appetite	___ Fevers
___ Poor sleeping	___ Weight loss	___ Weight gain	___ Sweat easily	___ Chills
___ Fatigue	___ Strong thirst	___ Localized weakness	___ Tremors	___ Night sweats
___ Cravings for:	___ Sweets	___ Fats	___ Salty food	___ Other _____

Skin & Hair

___ Rashes	___ Loss of hair	___ Pimples	___ Dandruff	___ Recent moles	___ Excema	___ Hives
___ Ulcerations	___ Itching	___ Change in hair	___ Change in skin	___ Herpes	___ Finger nails chip/crack/peel	___ Other

Cardiovascular

___ High blood pressure	___ Varicose veins	___ Chest pains	___ Irregular heartbeat
___ Low blood pressure	___ Fainting	___ Cold hands	___ Cold feet
___ Phlebitis	___ Swelling feet	___ Swelling hands	___ Blood clots
___ Difficulty breathing	Other _____		

Head, Eyes Ears Nose & Throat

___ Concussions	___ Jaw clicks (TMJ) L or R	___ Tooth problems	___ # of teeth pulled
___ # of silver fillings	___ # Root canals	___ Eye pain	___ Poor vision
___ Migraine	___ Other headache	Type of headache _____	___ Sores on lips/tongue
___ Sinus problems	___ Nose bleeds	___ Spots in front of eyes	___ Trouble with night vision
___ Grinding teeth	___ Facial pain	___ Trouble with taste or smell	___ Glasses
___ Ear aches	___ Cataracts	Other _____	

Immunology

Rheumatoid disease? ___Y ___N	Tested for Lyme disease? ___Y ___N	Diabetes? ___Y ___N	Thyroid problems? ___Y ___N
Cancer? ___Y ___N What Kind _____	Hepatitis? ___Y ___N What Kind _____	AIDS? ___Y ___N	Breast implants? ___Y ___N What Kind _____
Other communicable disease? _____			

Respiratory

___ Cough	___ Shortness of breath with minimal exercise	___ Difficulty breathing when lying down	___ Pain with deep breath
___ Coughing blood	___ Pneumonia	___ Asthma	___ Shortness of breath
___ Bronchitis	Other _____		

Gastrointestinal

___ Nausea	___ Abdominal pain/cramps	___ Indigestion	___ Hemorrhoids	___ Constipation
___ Vomiting	___ Diarrhea	___ Black stools	___ Belching	___ Gas
___ Rectal pain	___ Blood in stools	___ Bad breath	___ Heartburn	___ Pancreatitis
How many bowel movements a day _____	How many bowel movements a week _____	Other _____		

Genitourinary

___ Pain with urination	___ Frequent urination	___ Blood in urine	___ Urgency to urinate
___ Unable to hold urine	___ Kidney stone #: _____	___ Decrease in flow	___ Wake up to urinate
___ Problem with sexual function	___ Impotency	___ Loss of libido (desire)	___ Pain with intercourse
___ Sexually transmitted disease or exposure	___ Sores on genitals	Other: _____	

Pregnancy & Gynecology

Pregnant? ___Y ___N	Planning a pregnancy? ___Y ___N	Post menopausal? ___Y ___N	Menopause symptoms? ___Y ___N
First date of last menses: _____	Unusual character (heavy/light) _____	Hot flashes? ___Y ___N	Fibrocystic breast ___Y ___N
___ Clots	___ Painful periods	___ Irregular periods	___ Vaginal discharge
___ Vaginal sores	___ Breast lumps	Birth control ___Y ___N	Type of birth control : _____
# of children: _____	# of C-section delivery(s) _____	# of vaginal delivery(s) _____	# of abortion(s) _____
Ages of children _____	_____		

Musculoskeletal

___ Muscle pain	___ Muscle weakness	___ Jaw pain	___ Face pain	___ Neck pain
___ Shoulder pain	___ Elbow pain	___ Arm pain	___ Wrist pain	___ Hand pain
___ Finger pain	___ Upper back pain	___ Lower back pain	___ Hip pain	___ Thigh pain
___ Knee pain	___ Leg pain	___ Ankle pain	___ Foot pain	___ Toe pain
___ Osteoporosis	___ Scoliosis	___ Chest pain	___ Other: _____	_____

Neuropsychological

___ Seizures	___ Dizziness	___ Loss of balance	___ Lack of coordination
___ Poor memory	___ Concussion	___ Depression	___ Anxiety
___ Bad temper	___ Easily susceptible to stress	___ Treated for emotional problems	___ Aneurysm
Ever considered suicide? ___Y ___N	Ever attempted suicide? ___Y ___N	Areas of numbness? ___Y ___N	Where? _____
Other _____			

Other information you think is important that did not come up during review of systems:

Place check mark
in box

Family History

	Father	Mother	Father's parents	Mother's parents	Siblings	Children
Heart disease						
High Blood pressure						
Stroke						
Cancer						
Glaucoma						
Diabetes						
Epilepsy/seizures						
Bleeding disorder						
Kidney disease						
Thyroid disease						
Mental illness						
Osteoporosis						
Fibromyalgia						
Other						

Additional History

Childhood illnesses: _____

Childhood accidents and any lasting effects: _____

Current Medications

Current medications	Who prescribed them	What are they for	Are they helpful

Pharmacy

Current pharmacy: _____

Address or location: _____

Phone: _____

Allergies to medication and environment:

Medication allergies—list medicine and reaction:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Environmental allergies—list agent and reaction:

_____	_____
_____	_____
_____	_____
_____	_____

History of allergy testing and treatment:

Have you ever smoked Tobacco? Y N How many packs per day? _____ Now ? _____

How many years a smoker? _____ How many times did you quit? _____ When? _____

Do you have a history of alcohol or drug abuse? Treatment for abuse? Please explain: _____

Diet:

red meat — number of meals per week _____

milk — number of glasses per week _____ or per day _____

cheese — number of times per week _____ or per day _____

coffee or tea — number of cups per week _____ or per day _____.

soda — number of cans per week _____ or per day _____,

what kind usually? _____

other sugar — what sweets do you usually eat and how much? _____

bread — what kind and how much? _____

which do you use margarine or butter? _____

what cooking oils do you use? _____

what are your favorite foods? _____

Vitamins: what do you take, and why (only list why for unusual supplements or herbs)?

Sleep: how well do you sleep? _____

If not well, why not? _____

What position do you sleep in? _____

Do you use a pillow? what kind? where placed? _____

Do you have stomach sensitivity to aspirin? ____Y ____N

Do you have irritable bowel? _____ for how long? _____

How is this treated? _____

Who is the treating doctor? _____

Do you have a history of ulcer or indigestion? ____Y ____N please explain: _____

How is this treated and who is the doctor? _____

When was your last complete physical examination? _____

For what reason? _____

What is your occupation? _____ What was your occupation? _____

If you are disabled, when did you last work? _____

What is your disability caused by? _____

Anything else you would like us to know? _____

What are your goals for this treatment? What do you expect to be able to change?
with regard to your pain and your life? If you are not working, do you plan to return to work, and how soon?
How hard are you willing to work to reach your goals?

To the best of my knowledge, this is complete and accurate.

Signed: _____ **Date:** _____