



# HOUSTON PAIN SPECIALISTS

Appointment Date: \_\_\_\_\_  
Check-In Time: \_\_\_\_\_  
Provider: \_\_\_\_\_  
Location: \_\_\_\_\_

Dear Sir or Madam,

Welcome to Houston Pain Specialists, a provider for Northwest Anesthesiology and Pain Services, PA Group. We thank you for choosing us to assist you with your pain management needs.

Enclosed you will find several forms which we require you to complete prior to your first appointment. If any part of the form(s) is unclear or is not applicable to you, please leave it blank and be sure to ask us about it upon check in. Your provider will use your initial questionnaire as a guide at your first visit to direct your future care.

**In order to maintain a high quality of care, clear communication between you and your provider is required. The enclosed forms are an important part of our communication therefore we do request that each form be completed *prior* to your initial appointment. Please be aware that incomplete forms *could* result in the delay of your appointment or *possibly* cause your appointment to be rescheduled. If you should have any questions, please contact your provider office.**

We require that you bring a picture ID for identification, your insurance card(s), and a form of payment. We also request that you bring the bottles of **all** your current medications to your appointment. The enclosed medication list will also need to be completed by you, listing your current medication(s) and medications that you have taken in the last 6 months.

Please make sure you bring all pertinent MRI's, CT's, X-rays and any other imaging to your first visit. You can obtain these records from the facility where the test was performed. We can/will return the records to you after the visit.

We look forward to meeting you, and thank you again for choosing us for your pain management care.

Sincerely,

*Houston Pain Specialists*