



Sorry you're not feeling well and we thank you for choosing Florida Pain Medicine for your care. Our physician(s) have personally reviewed your referral, and believe you are an appropriate candidate for pain treatment. Your new patient evaluation with Dr. is scheduled for _____, 2018, at _____ P.M. at the following address:

Brandon
426 W Brandon Blvd
Brandon, FL 33511

Wesley Chapel
2553 Windguard Circle
Wesley Chapel, FL 33544

Zephyrhills
38011 Arbor Ridge Dr
Zephyrhills, FL 33540

Riverview
13140 Elk Mountain Dr, Ste B
Riverview, FL 33579

Carrollwood
7550 N Dale Mabry Hwy, Ste B
Tampa, FL 33614

FLORIDA PAIN MEDICINE DOES NOT PRESCRIBE ANY PAIN MEDICATIONS ON THE FIRST VISIT

We ask that you arrive 30 minutes early to allow us to review your paperwork and prepare your chart for the doctor. We have allotted a substantial portion of our schedule to complete your history and examination, and provide you with an adequate consultation. Patients who do not show for their appointments may be charged an administrative loss fee which must be paid prior to being rescheduled. **Please call the office at 813-388-2948, extension 4001, at least 24 hours in advance if you need to reschedule.**

Please complete the enclosed patient information packet to the best of your ability. We have provided a checklist to ensure that you have all the information required for your first visit, even though we may already have some of the items. If our physician doesn't have sufficient information to perform an adequate pain consultation, we may be forced to reschedule your visit. Please help us by providing the following:

1. _____ New patient packet, including:
 - a. Health History Questionnaire and Registration form (highlighted information only)
 - b. Read and provide signature on Consent to Treat Form, Financial Policy, Certification, Patient Privacy Questionnaire, Opioid Consent (initial as well) and Special Notice from the University of South Florida and Florida Pain Medicine
2. _____ Relevant Medical records from referring and/or Primary Care Physician
3. _____ Relevant Medical records from other physicians, hospitals or previous pain physicians
4. _____ Relevant X-ray reports, MRIs, CT Scans/films, EMG Nerve conduction and any other pain studies
5. _____ Driver's license or other Photo identification and Insurance card
6. _____ Please bring a Formulary Medication List which can be found on your insurance company's website or in your insurance company's handbook

Please do not forget your paperwork, films, reports and pill bottles for your first appointment. Copies of the new patient packet forms are also available on our website at www.FloridaPainMedicine.com with further information about the practice, physician(s) and common pain problems should you need to reference that information. Should you have any questions or need any assistance with the new patient intake process please feel free to contact us anytime. We look forward to meeting you and serving your pain care needs, and want to thank you for allowing Florida Pain Medicine the opportunity to care for you.