



New Patient Registration

PLEASE REVIEW, CORRECT, AND COMPLETE

PATIENT DOB MRN DATE

Welcome to Abilene Pain. Boxes that are already filled in come from our records. Please check each one and write any correction in the box to its right. Empty boxes need your answer. If you have questions, ask the front desk or call 325-326-3433.

Personal Information

	CORRECTION (if different)
Legal name	
Street address	
City / State / Zip	
Preferred phone	
Email	
Birth sex	
Occupation	
Employment	
Race	
Ethnicity	
Emergency contact	

Insurance

Please give the front desk your current insurance and photo ID cards.

Primary plan		Member ID		Group	
Policyholder		Self		Spouse	
Secondary plan		Member ID		Group	
Policyholder		Self		Spouse	
Related to		A work injury or workers' compensation claim		A motor vehicle accident	
		A pending lawsuit or legal claim			

Power of Attorney / Caregiver

Name	
Phone	
Relationship	
Legal documents?	
Primary contact?	
Staff use	

Pharmacy & Referral

Preferred pharmacy	
Street / City	
Primary care provider	
Referred by	
Heard about us via	

Records we hold are updated from this form by our staff. There is nothing to sign on this page — your consent and acknowledgment signatures are on the pages that follow.

Nicolas Pugh, MD | Adrienne Anders, NP | Ted Chaka, PA

Abilene Pain Locations

Main: 1925 Hospital Place, Abilene, TX 79606

Additional: 6819 Memorial Dr, Ste B, Abilene, TX 79606

Contact Numbers

Main: 325-326-3433

Memorial: 325-468-8096

Online

Email: info@abilenepain.com

Web: www.abilenepain.com



Health & Safety Screen

PLEASE COMPLETE BEFORE YOUR VISIT — PAGE 1 OF 2

PATIENT DOB MRN DATE

Please answer every question. A medical assistant will review your answers with you in the exam room. Leave nothing blank — write "none" if it does not apply.

Allergies & Reactions to Medications

Drug allergies? ☐ Yes ☐ No ☐ Already listed with our office On file:

MEDICATION	REACTION

Reaction to anesthesia (you or a blood relative)?
☐ Yes ☐ No
☐ Local ☐ IV sedation ☐ General
Describe

Current Medications

Include over-the-counter medicines, vitamins, and supplements. Bring your bottles or a list if easier.

	NAME	DOSE	HOW OFTEN		NAME	DOSE	HOW OFTEN
1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			

Safety Screen

These affect whether and how a procedure can be done.

Blood thinner or antiplatelet? ☐ Yes ☐ No Which: ☐ Warfarin ☐ Eliquis ☐ Xarelto ☐ Pradaxa ☐ Plavix ☐ Aspirin
☐ Lovenox ☐ Other

Who prescribes it, and why? Phone Reason

Pacemaker or defibrillator (ICD)? ☐ Yes ☐ No Implanted stimulator or pump? ☐ Yes ☐ No Pregnant? ☐ Yes ☐ No

Diabetes? ☐ Yes ☐ No On insulin? ☐ Yes ☐ No Last A1c, if known

Active infection or fever now? ☐ Yes ☐ No Steroid injection in the last 3 months? ☐ Yes ☐ No Where / when

Opioid (Narcotic) Medication History

Currently taking an opioid? ☐ Yes ☐ No Medication and dose Prescribed by

Ever had, from an opioid: ☐ Side effect ☐ Allergic / adverse reaction ☐ Overdose ☐ None Explain

Prior pain physician(s) Phone Phone

Discharged by a pain practice? ☐ Yes ☐ No If yes, please explain

Clinic use Reviewed and verified with patient by Date ☐ Chart updated

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Medical & Social History

PLEASE COMPLETE BEFORE YOUR VISIT — PAGE 2 OF 2

PATIENT

DOB

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Past Medical History

Check every condition you have been diagnosed with.

Heart & vessels

- ☐ High blood pressure
- ☐ Heart attack
- ☐ Heart failure
- ☐ Irregular heartbeat
- ☐ Heart valve disease
- ☐ Stroke or TIA
- ☐ Blood clot (DVT / PE)
- ☐ Vascular disease

Lungs

- ☐ Asthma
- ☐ COPD / emphysema
- ☐ Sleep apnea

Bones & joints

- ☐ Osteoarthritis
- ☐ Rheumatoid arthritis
- ☐ Osteoporosis
- ☐ Fibromyalgia
- ☐ Lupus / autoimmune

Nerves & brain

- ☐ Seizures
- ☐ Neuropathy
- ☐ Migraine / headaches
- ☐ Multiple sclerosis
- ☐ Parkinson's disease
- ☐ Dementia

Metabolic

- ☐ Diabetes
- ☐ Thyroid disease
- ☐ Obesity
- ☐ Adrenal problem

Kidney & liver

- ☐ Kidney disease
- ☐ Dialysis
- ☐ Kidney stones
- ☐ Hepatitis
- ☐ Cirrhosis / liver disease

Digestive

- ☐ GERD / reflux
- ☐ Stomach ulcer
- ☐ Crohn's / colitis
- ☐ GI bleeding

Blood & infection

- ☐ Anemia
- ☐ Bleeding disorder
- ☐ HIV
- ☐ Tuberculosis
- ☐ Cancer (type: _____)

Mental health

- ☐ Depression
- ☐ Anxiety
- ☐ Bipolar disorder
- ☐ PTSD
- ☐ ADHD
- ☐ Schizophrenia
- ☐ Substance abuse

Other conditions

Mental health provider

☐ Yes ☐ No

Name

Past Surgeries

Especially spine, joint, or heart surgery. Include the year.

YEAR

SURGERY

YEAR

SURGERY

Social History

Tobacco / nicotine

☐ Never ☐ Former ☐ Current Type & amount

Alcohol

☐ Yes ☐ No Drinks/week Marijuana / THC ☐ Yes ☐ No How often

Legal & work status

Working? ☐ Yes ☐ No Lawsuit? ☐ Yes ☐ No On disability? ☐ Yes ☐ No Applied for it? ☐ Yes ☐ No

Personal & Family History

Asked of every patient. Your answers help us plan safe treatment and are kept confidential.

History of alcohol abuse

YOU

☐ Yes ☐ No

History of illegal drug use

☐ Yes ☐ No

History of prescription drug abuse

☐ Yes ☐ No

History of depression

☐ Yes ☐ No

Diagnosed ADHD, OCD, bipolar disorder, or schizophrenia

☐ Yes ☐ No

A PARENT, SIBLING, OR CHILD

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Clinic use

ORT score

☐ Low (0-3)

☐ Moderate (4-7)

☐ High (≥ 8)

Reviewed by

Date

☐ Chart updated

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Consent & Acknowledgments

PLEASE READ AND SIGN

PATIENT DOB MRN DATE

Consent for Treatment

I authorize Abilene Pain and its physicians, advanced practice providers, and staff to evaluate and treat my condition. I understand that no guarantee has been made about the result of any treatment, and I agree to take an active part in my care. I certify that the information I have given on these forms is accurate and complete, and I understand it becomes part of my medical record.

Medication History

I consent to Abilene Pain retrieving and reviewing my prescription medication history from pharmacies, pharmacy benefit networks, and the Texas Prescription Monitoring Program as part of my care.

Notice of Privacy Practices

I acknowledge that I have been offered a copy of Abilene Pain's Notice of Privacy Practices, which is also posted at the office and on our website. The Notice describes how my health information may be used and disclosed and how I may obtain access to my records.

Release of Information for Treatment and Payment

I authorize Abilene Pain to release my health information to my referring provider, my primary care provider, and any provider I am referred to, and to my insurance carriers and other payers as needed to obtain authorization and process claims. Abilene Pain will not release my information to any other person, including family members, except as I designate below or on a separate written authorization.

People You May Speak With About My Care

Abilene Pain may discuss my care with the people listed here. I may change this list at any time in writing.

NAME	RELATIONSHIP	MAY DISCUSS
		☐ Appointments & scheduling only ☐ All aspects of my care
		☐ Appointments & scheduling only ☐ All aspects of my care

How We May Contact You

☐ Leave detailed voicemail ☐ Text message ☐ Email

Phone on file: Email on file:

By providing a telephone number or email address, I agree that Abilene Pain and those acting on its behalf may contact me at that number or address about my appointments, care, and account, including by automated or pre-recorded calls and text messages. Message and data rates may apply. I may withdraw this consent at any time by notifying the office.

Your Signature

I have read this page. I consent to treatment, acknowledge the Notice of Privacy Practices, and agree to the releases and contact permissions above.

PATIENT SIGNATURE

DATE

If signed by a representative — printed name

Relationship / authority

Representative signature

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Financial Policy

PLEASE READ, INITIAL, AND SIGN

PATIENT

DOB

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DATE

Good care includes a clear financial policy. Please read each section; initial where marked and sign at the bottom.

1. Payment at time of service. Copayments, deductibles, coinsurance, procedure prepayments, and any prior balance are due at the time of your visit. We accept cash, check, and credit card. If you are unable to pay, we may reschedule your appointment. If a prepayment results in a credit after insurance processes, any outstanding balance is deducted before a refund is issued. If you have no insurance, payment in full is due at the visit; uninsured and self-pay patients may request a Good Faith Estimate of expected charges. We require a copy of your photo ID and insurance cards.

2. Insurance. We file claims for the plans we participate in; a list is available on request. Your insurance is a contract between you and your insurer, and you remain responsible for payment in full. You are responsible for confirming that we are in your network, for obtaining any referral or prior authorization your plan requires, and for services your plan determines are not covered. If your coverage changes and you do not tell us before we file, a claim denied for late or incorrect filing becomes your responsibility. Please tell us immediately of any change in coverage.

3. Laboratory testing. When asked to provide a urine, oral, or blood sample, I voluntarily consent to do so. I may refuse a specific test, but understand that this may affect my treatment. I assign to the laboratory my right to insurance benefits for its services, understand the laboratory may be out of network with my plan, and remain responsible for laboratory charges my insurance does not cover.

4. Records, letters, and forms. Abilene Pain does not complete disability, leave, or work-restriction paperwork of any kind (see our separate policy). Copies of records and letters you request require prepayment according to our fee schedule. Depositions, testimony, or similar activity concerning your care are billed on a separate schedule and are payable by you regardless of who requests them. Initials

5. Missed appointments. Please give at least 24 hours' notice to cancel or reschedule. A missed or late-cancelled office visit is charged **\$50.00**; a missed or late-cancelled procedure is charged **\$150.00**. These fees are not billable to insurance. Repeated missed visits may result in discharge from the practice. Initials

6. Returned payments. A returned check, stopped payment, or credit card chargeback incurs a **\$40.00** service charge. The original amount plus the charge must be paid in cash or certified funds before further services are provided. Returned checks are subject to collection and prosecution in Taylor County.

7. Past-due balances and collections. A balance more than 120 days old without a payment arrangement may be referred to a collection agency or attorney, which may include credit-bureau reporting or legal action, and we may decline to schedule non-urgent care until it is resolved. You agree to pay the costs of collection, including collection agency contingency fees, which may exceed 36% of the balance, and attorney fees. Payments are applied to the oldest charges first, except insurance payments, which are applied to their dates of service. To service or collect your account, we may contact you at any number you provide, including wireless numbers, and by text or email, including by automated dialing or pre-recorded message. Initials

8. Assignment of benefits and responsibility for payment. I assign to Abilene Pain the medical benefits payable to me for services rendered to me or my dependent, and I direct my insurer to pay Abilene Pain directly. I authorize Abilene Pain to obtain coverage and payment information from my insurer and to release the information needed to support my claims. I understand that I am personally responsible for all charges not paid by my insurance. This policy is binding on me and, if applicable, my estate, and may be amended by the practice from time to time.

Your Signature

I have read and understand the Abilene Pain Financial Policy and agree to its terms.

SIGNATURE OF PATIENT (OR GUARANTOR)

DATE

PRINTED NAME OF PATIENT OR GUARANTOR

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Our Approach to Opioid Medications

PATIENT ACKNOWLEDGMENT

PATIENT

DOB

MRN

DATE

Why We Are Telling You This

Opioids — also called narcotics — include hydrocodone, oxycodone, morphine, fentanyl, methadone, and tramadol. They are valuable medicines for short-term severe pain after surgery or injury, and in cancer and end-of-life care. Taking them every day, indefinitely, for chronic pain is a different question with a different answer. **Abilene Pain does not endorse long-term daily opioid therapy for chronic non-cancer pain, and we do not start it.**

What Opioids Do — and Do Not Do

- **They quiet the pain signal** by acting on receptors in the spinal cord and brain.
- **They do not treat the source.** An opioid does not repair a disc, calm an inflamed joint, or free a pinched nerve. The problem generating the pain is unchanged.
- **The same receptors drive reward**, which is why the brain reorganizes around an opioid in a way it never does around ibuprofen or a nerve block.

What Daily Use Does Over Time

- **Pain gets worse, not better.** With sustained daily use the nervous system becomes *more* sensitive to pain (hyperalgesia). Pain spreads beyond the original problem and keeps rising despite the medication.
- **Health declines.** Long-term opioids are linked to more falls and fractures, infections, hormone loss, depression, and breathing problems during sleep — illness that accumulates the longer they are taken.
- **Survival is shorter.** Patients on long-term opioids for chronic non-cancer pain have a higher overall death rate than similar patients treated without them — from cardiovascular and respiratory causes, not only overdose.

Acute Pain and Chronic Pain Are Different Problems

Acute pain is an alarm: tissue is injured, the alarm sounds, and it switches off as the tissue heals. Chronic pain is a sensitized alarm system — the signal persists because the spinal cord and brain have become better at amplifying it. Opioids act on that same system and, over time, sensitize it further. A drug that works well for three days after surgery works against you at three years. In the best year-long study to date, patients with chronic back, hip, or knee pain treated with opioids functioned no better, had slightly worse pain, and had more side effects than those treated without them.

BODY SYSTEM	WHAT LONG-TERM OPIOIDS CAN DO
Breathing & overdose	Blunted drive to breathe, especially during sleep. Risk multiplies with benzodiazepines, sleep medicines, muscle relaxants, gabapentin or pregabalin, and alcohol.
Hormones, bones & falls	Lower testosterone and estrogen: fatigue, low libido, erectile dysfunction, infertility, irregular periods, low mood, muscle and bone loss. With sedation and dizziness, fracture risk roughly doubles in older adults.
Brain, mood & sleep	Slower reaction time and impaired driving, poorer memory and attention, new or worse depression, and suppressed deep sleep — which itself lowers the pain threshold.
Digestion	Constipation in most long-term users that never fades, and can progress to impaction or bowel obstruction.
Treatment results	Patients on long-term opioids get less benefit from injections, nerve procedures, and spine surgery, and recover more slowly — a key reason we address the medication before treating the underlying problem.

What We Do Instead — and If You Take Opioids Now

We identify what is generating your pain and treat it directly: image-guided injections and nerve procedures, radiofrequency ablation, physical therapy, non-opioid medicines, and neuromodulation for selected patients. Opioids remain appropriate for short courses after surgery or injury and for cancer or end-of-life pain. **If you currently take an opioid, do not stop or reduce it on your own** — stopping suddenly causes withdrawal and can be dangerous. Bring your prescriber's information to your visit and we will discuss a safe, gradual plan with you.

Acknowledgment. I have read Abilene Pain's approach to opioid medications for chronic pain and accept it as part of my care.

PATIENT SIGNATURE

DATE

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Disability & Work Paperwork Policy

PRACTICE POLICY — PATIENT ACKNOWLEDGMENT

PATIENT

DOB

MRN

DATE

Our Policy

Abilene Pain is an interventional pain practice. Our work is diagnosing and treating the source of your pain. **We do not perform disability evaluations, and we do not complete disability, leave, or work-restriction paperwork of any kind.** This applies to every patient, every provider, and every visit, and it does not change over the course of your care with us.

What We Do Not Complete or Provide

- Off-work notes beyond the day of your visit or procedure — we do not extend time off for recovery, flare-ups, or any other reason
- Work restrictions, light-duty, or return-to-work statements
- Medical, family, or functional leave paperwork, including FMLA certifications
- Short-term or long-term disability insurance forms
- Social Security disability (SSDI / SSI) forms or physician statements
- Functional capacity evaluations or impairment ratings
- Employer, insurer, or attorney questionnaires about your ability to work
- Disability determinations or opinions for any agency, insurer, or court
- Treatment under a workers' compensation claim — we do not accept workers' compensation cases

What We Do Provide

- **A work or school excuse for the day of your appointment.** For an office visit, the excuse covers that day. For a procedure — including one done with sedation — it covers the procedure day with return to work or school the following day. Ask the front desk before you leave; it is not issued later.
- **Copies of your medical records** — to you, or to any provider, insurer, or other party you authorize in writing. Records are released through our records-request process; a fee may apply as described in our Financial Policy.
- **Visit notes to your other physicians**, including your primary care provider or a physician handling a disability or leave claim on your behalf.
- **Written post-procedure instructions.** These are safety precautions for the hours after a procedure. They are not work restrictions.

Why

Disability and work-capacity determinations require a different kind of evaluation than the one we perform, and your claim is better served by a physician who does that work. This policy is about the scope of our practice. It is not an opinion about your condition or your claim.

If You Need Disability or Leave Paperwork Completed

Please ask your primary care provider, the physician managing the condition the claim is based on, or the evaluating physician designated by the insurer or agency. We will send them a copy of your records on your written request.

Acknowledgment

I understand that Abilene Pain does not complete disability, leave, or work-restriction paperwork of any kind; that the only excuse it provides is for the day of my visit or procedure; that this will not change during my care; and that I may request copies of my records at any time.

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Oswestry Low Back Questionnaire

MODIFIED OSWESTRY DISABILITY INDEX

PATIENT

DOB

MRN

DATE

This questionnaire helps us understand how your back pain affects your ability to manage everyday life. In each of the ten sections, check the **one** statement that best describes you **today**.

1. Pain Intensity

- ☐ I have no pain at the moment.
- ☐ The pain is very mild at the moment.
- ☐ The pain is moderate at the moment.
- ☐ The pain is fairly severe at the moment.
- ☐ The pain is very severe at the moment.
- ☐ The pain is the worst imaginable at the moment.

2. Personal Care (washing, dressing)

- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally but it causes extra pain.
- ☐ It is painful to look after myself and I am slow and careful.
- ☐ I need some help but manage most of my personal care.
- ☐ I need help every day in most aspects of self-care.
- ☐ I do not get dressed, wash with difficulty, and stay in bed.

3. Lifting

- ☐ I can lift heavy weights without extra pain.
- ☐ I can lift heavy weights but it gives extra pain.
- ☐ Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, e.g. on a table.
- ☐ Pain prevents me lifting heavy weights, but I can manage light to medium weights if conveniently positioned.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

4. Walking

- ☐ Pain does not prevent me walking any distance.
- ☐ Pain prevents me walking more than 1 mile.
- ☐ Pain prevents me walking more than ½ mile.
- ☐ Pain prevents me walking more than 100 yards.
- ☐ I can only walk using a stick or crutches.
- ☐ I am in bed most of the time and have to crawl to the toilet.

5. Sitting

- ☐ I can sit in any chair as long as I like.
- ☐ I can sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than 1 hour.
- ☐ Pain prevents me from sitting more than ½ hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

6. Standing

- ☐ I can stand as long as I want without extra pain.
- ☐ I can stand as long as I want but it gives me extra pain.
- ☐ Pain prevents me from standing for more than 1 hour.
- ☐ Pain prevents me from standing for more than ½ hour.
- ☐ Pain prevents me from standing for more than 10 minutes.
- ☐ Pain prevents me from standing at all.

7. Sleeping

- ☐ My sleep is never disturbed by pain.
- ☐ My sleep is occasionally disturbed by pain.
- ☐ Because of pain I have less than 6 hours' sleep.
- ☐ Because of pain I have less than 4 hours' sleep.
- ☐ Because of pain I have less than 2 hours' sleep.
- ☐ Pain prevents me from sleeping at all.

8. Social Life

- ☐ My social life is normal and gives me no extra pain.
- ☐ My social life is normal but increases the degree of pain.
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sport.
- ☐ Pain has restricted my social life and I do not go out as often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have no social life because of pain.

9. Traveling

- ☐ I can travel anywhere without pain.
- ☐ I can travel anywhere but it gives me extra pain.
- ☐ Pain is bad but I manage journeys over 2 hours.
- ☐ Pain restricts me to journeys of less than 1 hour.
- ☐ Pain restricts me to short necessary journeys under 30 minutes.
- ☐ Pain prevents me from traveling except to receive treatment.

10. Employment / Homemaking

- ☐ My normal homemaking or job activities do not cause pain.
- ☐ My normal homemaking or job activities increase my pain, but I can still perform all that is required of me.
- ☐ I can perform most of my homemaking or job duties, but pain prevents me from performing more physically stressful activities (e.g. lifting, vacuuming).
- ☐ Pain prevents me from doing anything but light duties.
- ☐ Pain prevents me from doing even light duties.
- ☐ Pain prevents me from performing any job or homemaking chores.

PATIENT SIGNATURE

DATE

Clinic use — scoring

Sections answered

Raw score

ODI %

raw ÷ (5 × sections) × 100 · 0–20 minimal · 21–40

moderate · 41–60 severe · 61–80 crippling · 81–100 bed-bound

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