TuftsMedicine
Lowell General Hospital

Dear New Pain Management Patient,

Welcome to the Lowell General Hospital-Pain Management Center. Please take time to review and complete the enclosed paperwork prior to your upcoming appointment. Accurate information on these forms is extremely important, so please take the time to complete **ALL** sections. **Incomplete information may require us to RESCHEDULE your initial appointment.**

It is important for you to call our **Pre-Registration Department** before your upcoming Pain Management Center appointment. **You may reach Pre-Registration at 978-937-6429.** Please have your insurance card, auto accident or workman's compensation information ready before calling. *If this is a result of an automobile accident or workman's comp injury, the registration department will ask for the date of injury, insurance company's phone and fax numbers, claim number and adjuster's name.*

Please remember, if your health insurance requires an **insurance referral** to the see the specialists at Lowell General Hospital Pain Center, this must be generated by your Primary Care physician and be in place prior to your appointment.

All co-payments are due at the time of service. Deductibles and out of pocket expenses not covered by insurance plans are the patient's responsibility and will be billed to you directly. Questions regarding your billing statement can be directed to:

Medical Healthcare Solutions - phone # 978-699-3241 (Physician Services)

LGH Patient Accounts - phone # 978-937-6600 (Hospital Services)

Please be aware that MHS accounts that are more than 60 days overdue may result in cancellation of scheduled appointments.

Finally, we ask that you **arrive 30 minutes earlier than your appointment time** so that we may have time to process this paperwork.

For more information about our Pain Management services please visit our website www.lowellgeneral.org/paincenter

We look forward to assisting you with your healthcare needs.

Thank you,

The Pain Management Staff
2 Hospital Drive, 2nd floor
Lowell, MA 01852 Phone # 978-937-6460

TuftsMedicine
Lowell General Hospital

Pain Management Center
Lowell General Hospital - Saints Campus
2 Hospital Drive, 2nd Floor
Lowell, MA 01852
978-937-6460

PAIN MANAGEMENT CENTER CANCELLATION POLICY

CANCELLATION POLICY:
We ask your cooperation in scheduling appointments at times that are convenient for you. If you are unable to keep your appointment because of conflicts in your schedule or illness, please notify us **24 hours** *prior* (1 business day) to your appointment, and we will attempt to reschedule you for another time.

FAILURE TO NOTIFY:
Not calling to cancel an appointment will be considered a "no-show" appointment. There will be a $25 fee for "no-show" appointments.

APPOINTMENT - REMINDER PHONE CALLS:
Reminder phone calls are not always possible. ***Appointments are the responsibility of the patient.***

REPEATED CANCELLATIONS AND/OR "NO SHOWS":
Repeated cancellations less than **24 hours**' notice, or two consecutive "no shows" are grounds for discharge from the Pain Management Center.

*Business days are Monday through Friday. If you have a Monday appointment you should call by the previous Thursday.

I have read and will follow the above requirements.

Signature:____**Date:**____________________

Thank you for your cooperation.

TuftsMedicine
Lowell General Hospital

LOWELL GENERAL HOSPITAL-PAIN MANAGEMENT CENTER INSURANCE FORM

PATIENT NAME:____
(FIRST (M.I.) (LAST)

DATE OF BIRTH:_____/________/_______ PHONE NUMBER______________________________

Please sign the following statement:

I certify that this visit is not an active work-related injury, an auto accident or a pending lawsuit: I am aware my health insurance will be billed.

Signature: ____

TO BE COMPLETED *ONLY* IF THIS IS AN ACTIVE WORKERS COMP. INJURY, AUTO CLAIM OR A LEGAL CASE

Is injury Work Related? **Y / N** Auto Accident? **Y** / N Lawsuit Pending? **Y** / N Currently Working? **Y / N**

We need the following information about your accident/injury in order to process a claim for services.
IF THIS FORM IS NOT COMPLETED -YOUR HEALTH CARE INSURANCE OR YOU WILL BE BILLED FOR ALL CHARGES. *** Without this information we won't know who to bill or where to send the bill***

INSURANCE COMPANY:__________________________________Date of Injury/Accident___/___/___

INSURANCE ADDRESS:____
(STREET) (CITY) (STATE) (ZIP)

INSURANCE TELEPHONE #__________________________FAX #__________________________

INSURED'S EMPLOYER:___________________________TEL #___________________________

EMPLOYER ADDRESS:____
(STREET) (CITY) (STATE) (ZIP)

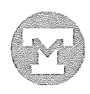
CLAIM #_________________________GROUP NAME/NUMBER___________________________
(CANNOT PROCESS WITHOUT NUMBER!)

ATTORNEY NAME:___________________________**TELEPHONE NUMBER**________________________

ADDRESS____
(STREET) (CITY) (STATE) (ZIP)

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS: ***PLEASE COMPLETE***
I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I PERMIT A COPY OF THIS AUTHORIZATION TO BE USED IN THE PLACE OF THE ORIGINAL. I HEREBY AUTHORIZE BENJAMIN HENKLE M D LLC & LOWELL GENERAL HOSPITAL TO APPLY FOR BENEFITS ON MY BEHALF FOR COVERED SERVICES RENDERED BY HIS/HER ORDER, I REQUEST THAT PAYMENT FROM MY INSURANCE COMPANY BE MADE DIRECTLY TO BENJAMIN HENKLE M D LLC & LOWELL GENERAL HOSPITAL.
THIS AUTHORIZATION MAY BE REVOKED BY EITHER ME OR MY INSURANCE COMPANY AT ANY TIME IN WRITING.

DATE:_______________SIGNATURE:_________________________________ ___________________
PATIENT, PARENT, OR GUARDIAN RELATIONSHIP



If you do not already have a written medication list, please fill out information below. Include all prescribed, over the counter and herbal medications you are presently taking.
Also, please bring your prescription drug plan card with you.

NAME LABEL

NAME OF PRESCRIPTION DRUG PLAN:

ID#: **CUSTOMER SERVICE PHONE NUMBER:**

ALLERGIES:

MEDICATION AND DOSE	REASON FOR TAKING	FREQUENCY TAKEN

Introducing myTuftsMed, our new patient portal.

Our Tufts Medicine Lowell General Hospital Pain Management practitioners are encouraging all patients to register for the myTuftsMed portal.

With myTuftsMed, you can:

- View your health information in one place – this includes prescribed medications, test results, LOWELL GENERAL HOSPITAL facility medical bills, most procedural cost estimates, patient education and find your After Visit Summaries.
- Complete pre-visit tasks and questionnaires from home.
- Send simple requests or questions to your provider such as requesting a medication refill, clarification of medication orders, request to reschedule an appointment, or asking a simple question related to your Pain Center diagnosis or treatment. (Please note that for more involved requests, we will require that you schedule an appointment with your practitioner.)

Please visit www.lowellgeneral.org to create your myTuftsmed account.

If you need help with myTuftsMed, please call (617) 636-5418 or the Patient Experience Helpdesk at (855) 422-7300. You may also e-mail the helpdesk at myTuftsMed@tuftsmedicine.org.

Thank you,

Dr. Benjamin Henkle

Dr. Alexandra Adler

Tamra Brennan NP-C

Alexandra Bente PA-C

TuftsMedicine
Lowell General Hospital

Pain Management Questionnaire

Name:______________________________ Date:______________________________

My PRIMARY pain complaint is (choose only ONE):

☐ Neck pain	☐ Headache	☐ Left arm pain
☐ Mid-back pain	☐ Facial pain	☐ Right arm pain
☐ Low back pain	☐ Chest wall pain	☐ Left leg pain
☐ Buttock pain	☐ Abdominal pain	☐ Right leg pain
☐ Tailbone pain	☐ Groin pain	☐ Other: ________

Additional pain areas:

When did the pain start?

What makes the pain better?

What makes the pain worse?

What does the pain feel like?

☐Intermittent ☐Constant ☐Aching ☐Burning ☐Numb ☐Sharp ☐Shooting ☐________

Any other symptoms (choose ALL that apply):

☐ Numbness	☐ Weight loss	☐ Constipation	☐ Depression
☐ Tingling	☐ Fever	☐ Muscle spasm	☐ Anxiety/PTSD
☐ Weakness	☐ Rash	☐ Urinary incontinence	☐ ____________

Past treatments/therapies:	Dates	Helpful?
☐ Physical/aquatic therapy	______________________	Yes / No
☐ Injections	______________________	Yes / No
☐ Surgery	______________________	Yes / No
☐ Chiropractor	______________________	Yes / No
☐ Acupuncture or massage	______________________	Yes / No
☐ Other ______________	______________________	Yes / No

Have you seen a pain or spine doctor? ☐ Yes ☐ No

Name: __________________ Dates: ______________ Treatments: ______________

Name:__________________ Dates: ______________ Treatments: ______________

Have you had any diagnostic tests for your pain? ***

☐ MRI/CT Date:_________ ☐ EMG Date: _________ ☐ X-ray Date_________ ☐Other:_________

	Dose	Dates of Use	Currently taking?	Helpful: Y or N
Tylenol and anti-Inflammatories:				
Acetaminophen (Tylenol)				
Ibuprofen (Advil)				
Celecoxib (Celebrex)				
Diclofenac (Voltaren/Zorvolex)				
Etodolac (Lodine)				
Meloxicam (Mobic/Vivlodex)				
Nabumetone (Relafen)				
Naprosyn (Naproxen/Aleve)				
Steroid (prednisone/Medrol pack)				
Neuropathic Pain Medications:				
Amitriptyline (Elavil)				
Duloxetine (Cymbalta)				
Milnacipran (Savella)				
Nortriptyline (Pamelor)				
Gabapentin (Neurontin)				
Pregabalin (Lyrica)				
Carbamazepine (Tegretol)				
Valproic Acid (Depakote)				
Sumatriptan/Rizatriptan (Imitrex/Maxalt)				
Topiramate (Topamax)				
Muscle Relaxants:				
Baclofen (Lioresal)				
Carisoprodol (Soma)				
Cyclobenzaprine (Flexeril)				
Metaxalone (Skelaxin)				
Methocarbamol (Robaxin)				
Tizanidine (Zanaflex)				
Opioids:				
Buprenorphine (Belbuca/Butrans/Suboxone)				
Hydrocodone (Norco/Vicodin/Hysingla)				
Hydromorphone (Dilaudid)				
Methadone				
Morphine				
Morphine ER (MS Contin/Kadian)				
Oxycodone				
Oxycodone ER (OxyContin/Xtampza)				
Tapentadol (Nucynta)				
Tylenol with Codeine				
Tramadol (Ultram)				
Other:				