



# Mercer Bucks Orthopaedics- Spine Intake



DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PATIENT DOB: \_\_\_\_\_

Have you had a Neck/Back Injury in the past?  Yes  No Date: \_\_\_\_\_

Have you had previous Spine Surgery?  Yes  No If Yes, Date: \_\_\_\_\_

If you have tried any of the items listed below, please check and mark if it was helpful in relieving your pain:

<input type="checkbox"/> Physical therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active exercise <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Holistic or Alternative Therapies <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Manipulation <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Traction <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Brace / Collar <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pain psychology <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Chiropractor <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Heat/Cold <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medication(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> TENS unit <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spinal Injection <input type="checkbox"/> Yes <input type="checkbox"/> No

Do any of these activities listed below alter your level of pain?

Activity	Aggravates	Relieves	No Change
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaning over shopping cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending forward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending backwards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough or Sneezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you take any anticoagulants?
<input type="checkbox"/> Plavix
<input type="checkbox"/> Aspirin 325mg or 81mg
<input type="checkbox"/> Other: Xarelto, Pradaxa, Elixquis

Have you had any of the below associated with this pain?

Numbness	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Where
Tingling	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Where
Weakness	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Where
Changes in bowel or bladder habits	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please describe
Changes in walking/balance	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please describe

I, patient \_\_\_\_\_ or guarantor \_\_\_\_\_ agree to sign forms electronically.

Signature:

Date:



## Patient Medication and Treatment Agreement

Patient Name

**Dr. Frank J. Colarusso – Board Certified in Physical Medicine and Rehabilitation**

This legal and binding contract is between Dr. Colarusso and every patient that he provides any type of medical or professional services. Dr. Colarusso is a specialist in Physical Medicine and Rehabilitation and is board certified from the American Board of PM&R and American College of Osteopathic PM&R. The purpose of this agreement is to allow Dr. Colarusso to help diagnose and treat your issue or pain.

Our goal is focused on improving your function and quality of life, while attempting to decrease your pain. The patient understands that we cannot always guarantee a good outcome, there is the possibility that the patient can still have pain and/or sustain further injury, pain, physical or psychological from any and all types of diagnostic and therapeutic interventions, including but not inclusive to physical exam, physical therapy, medications, osteopathic manual therapy, EMG, injections, casting/bracing or surgery.

This agreement states that the patient waives all rights in regards to any and all legal claims of liability, negligence, civil and/or criminal or fraudulent actions taken against MBO and Dr. Colarusso, as well to hold Dr. Colarusso and MBO harmless for any type of administration delay in regards to but not inclusive to failure to submit precertification, delay in processing office notes, pre-authorization or approval from insurance carriers or third party payors, including WC and PIP insurances.

In regards to physical exam, osteopathic manual therapy, EMG and injections, certain body parts will be exposed, examined and/or palpated (touched), if the patient does not feel comfortable, they are welcome to bring in an escort or family member or tell the practitioner that they would want to attempt to assess or treat the issue in a different fashion. The patient releases Dr. Colarusso from any and all liability and legal action in regards to causing pain, injury, suffering, psychological trauma from the exam or procedure, in regards to improper conduct, or sexual harassment in any and all way, shape or form.

The treatment of pain may involve diagnostic, therapeutic modalities, manual and physical therapy, exercise, injections and surgery as well as medications. Medications are to help alleviate your pain and improve your function and quality of life. Medications may include steroids, anti-inflammatory, muscle relaxants, anesthetics, neuroleptic and opioids. Patient have excellent response to these medications.

Patients may experience adverse side effects including but not limited to allergic reaction, nausea, vomiting, constipation, confusion, sedation, permanent medical conditions, respiratory depression, coma and death. Potential drug to drug interactions may prevent the use of certain medications and it is important to tell your doctor and discuss these interactions with your primary care physician and pharmacist prior to using the medications prescribed. As well please inform the doctor of your smoking, drinking or recreational drug use and/or habits.

Dr. Colarusso does not provide chronic pain medications. We do see patients with chronic pain and will evaluate the case, determine if further diagnostic or treatment is appropriate, adjust medications to improve function but not just to prescribe medications. If the patient is felt to have reached maximal medical improvement and no further treatment is required or if the patient is beyond the scope of my practice or simply requires medications, Dr. Colarusso is under no obligation to prescribe those medications or may elect to give you medications until you follow up with a chronic pain management specialist, up to a 30 day supply.

