

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 – Fax: 844-214-2393



- Please bring your driver's license and insurance cards along with your completed new patient paperwork to your scheduled appointment. Payment for services is expected at the time of service (co-pay, co-insurance). We accept cash, check, money orders and credit cards (Visa, American Express, MasterCard and Discover).
- If you have been asked to obtain imaging reports and/or films by our staff, please bring them to your appointment. Our office requires these as part of your consultation. If we do not have your films by the time of your appointment, you may be rescheduled.
- Your initial visit with Dr. Carpentier is a consultation. If a doctor referred you for an injection, you must be seen for an office visit first. Procedures are scheduled after the initial consultation.
- Our policy is to complete an appropriate workup before dispensing an opioid prescription. This workup will include a review of previous pharmacy/clinic records, evaluation by diagnostic and laboratory tests and acceptable completion of a urine drug screen yielding expected results. Common examples of opioid analgesics include hydrocodone, morphine, oxycodone, fentanyl, opana and methadone. Prescriptions for these medications will not be given at your first visit.
- If English is your second language, please make arrangements for someone to accompany you to your appointment who can translate. In order to provide you with the best healthcare service, we want you to fully understand your diagnosis and prognosis. We also want to answer any questions you may have.
- We want to make your visit as comfortable as possible. Please do not hesitate to contact us if you have any questions.

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 - Fax: 844-214-2393



Your name: _____ DOB: _____ SSN: _____

Driver's license #/state of issue: _____ Marital status: Married Widowed Single Divorced

Gender M F Ethnicity (optional): Hispanic or Latino Not Hispanic or Latino

Race (optional): American Indian Asian Black or African American Native Hawaiian or other Pacific Islander White Other

What is your preferred language? _____

What is your preferred method of communication? Home phone Cell phone Work phone Email

Address: _____

City: _____ State: _____ Zip _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____ Pharmacy Name/Location: _____

Referring physician: _____ Primary care physician _____

Other physicians: _____

INSURANCE

Primary Insurance company (please provide card to front desk): _____

ID #: _____ Group # (If not Tricare): _____

Secondary Insurance company (please provide card to front desk): _____

ID #: _____ Group # (If not Tricare): _____

If you have Tricare, are you the sponsor? yes no Is the sponsor active duty or retired?

Sponsor's relationship to insured: Self Spouse Parent

Sponsor Name (if it is you, just write "self"): _____ DOB: _____

Address: _____

Phone: _____ SSN: _____ Relationship: _____

Employer: _____ Employer phone: _____

EMERGENCY CONTACT: _____ Relationship to patient: _____

Phone number: _____ Phone type: _____

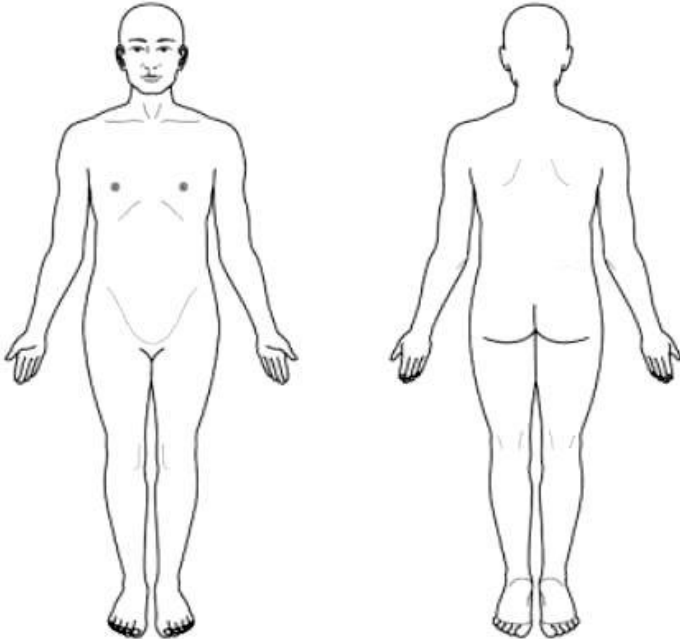
Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 - Fax: 844-214-2393



Name/DOB: _____



Numbness: **nnnnnnnn**
Pins and needles: **ooo**
Burning: **bbbbbbbbbb**
Aching: **aaaaaaaaaa**
Stabbing: **//////////**
Constant: **cccccccc**
Intermittent: **iiiiiiii**
Deep: **dddddddd**
Superficial: **ssssss**

Using the symbols above, mark the area(s) on the pictures where you feel any of the listed sensations.

How long can you be comfortable until your pain increases? Please circle:

Sitting:	0 minutes	1-30 minutes	31-60 minutes	1 hour
Standing:	0 minutes	1-30 minutes	31-60 minutes	1 hour
Resting or reclining:	0 minutes	1-30 minutes	31-60 minutes	1hour

How much time do you spend on the following each day? Please circle:

Sitting:	Less than 2 hours	2-5 hours	5-8 hours	8-12 hours	12 hours
Standing/walking:	Less than 2 hours	2-5 hours	5-8 hours	8-12 hours	12 hours

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 - Fax: 844-214-2393



Name/DOB: _____

PAIN EVALUATION

Is there any ongoing lawsuit related to our visit today? ____Yes ____No

Are you currently under worker's compensation? ____Yes ____No

Location of your pain: _____

When did it start? _____

What happened and when (car accident, fall, nothing, etc.)?

On a scale from 0 to 10 (0 = no pain and 10 = severe pain), how bad is your pain today? _____

Over the past 30 days, what was your average pain score? _____

What aggravates your pain? Circle all that apply:

- | | | |
|---------|-----------------|---------------------|
| Sitting | Lying down | Coughing/sneezing |
| Bending | Leaning forward | Walking up stairs |
| Walking | Leaning back | Walking down stairs |

What makes your pain better? Circle all that apply:

- | | | | | |
|---------|-----------------|--------------------|------------|------------|
| Sitting | Lying down | Coughing/sneezing | Stretching | Cold |
| Bending | Leaning forward | Walking up stairs | Rest | Medication |
| Walking | Leaning back | Walking downstairs | Heat | |

If medication, which ones?

ADDITIONAL NOTES:

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 - Fax: 844-214-2393



Name/DOB: _____

What treatments have you tried in the past? When did you have these treatments? Did they help?

Treatments	Tried (yes or no)	Year	Helped (yes or no)
Chiropractor	_____	_____	_____
Traction	_____	_____	_____
Braces	_____	_____	_____
Nerve block	_____	_____	_____
Physical therapy	_____	_____	_____
Hypnosis	_____	_____	_____
Acupuncture	_____	_____	_____
Biofeedback	_____	_____	_____
Ice/heat pack	_____	_____	_____
Narcotics	_____	_____	_____
Massage	_____	_____	_____
Religious counseling	_____	_____	_____
Psychological counseling	_____	_____	_____
TENS/electrical stimulation	_____	_____	_____
Pain medication	_____	_____	_____
Surgery	_____	_____	_____

If you have had surgery for pain, please list what kind, how many, when, and if it helped:

Which treatment above has helped you the most? _____

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 - Fax: 844-214-2393



Name/DOB: _____

REVIEW OF SYSTEMS: *In the past few months*, have you had any of the following symptoms or difficulties? If you have any difficulty that needs further explanation, please explain at the bottom of the page.

GENERAL:	Y	N
Loss of appetite		
Fever or chills		
Recent weight loss		
Low energy/fatigue		

EYES:	Y	N
Blurred vision		
Loss of vision		
Double vision		
Eye pain		

HEAD/EARS/NOSE/THROAT:	Y	N
Hoarseness		
Trouble swallowing		
Hearing loss		
Ear pain		

CARDIOVASCULAR:	Y	N
Chest pain		
Leg pain		
Varicose veins		
Palpitations		
Orthopnea		

RESPIRATORY:	Y	N
Shortness of breath		
Wheezing		
Chronic cough		

GASTROINTESTINAL:	Y	N
Nausea or vomiting		
Blood in stool		
Change in bowel habits		
Constipation		
Hemorrhoids		
Heartburn		

KIDNEY/BLADDER/URINE:	Y	N
Frequent urination		
Painful urination		
Blood in urine		
Change in urinary patterns		

MUSCULOSKELETAL:	Y	N
Significant Pain/stiffness		

SKIN:	Y	N
Rash		
Frequent rashes		
Itching		

NEUROLOGICAL:	Y	N
Tremor		
Seizures		
Dizziness		
Tingling		

PSYCHIATRIC:	Y	N
Depression		
Drug/alcohol addiction		
Difficulty with sexual activities		
Suicidal thoughts		
Trouble sleeping (insomnia)		

ENDOCRINE:	Y	N
Thyroid disease		
Heat/cold intolerance		

HEMATOLOGICAL/LYMPHATIC:	Y	N
Easy bruising		
Easy bleeding		

IMMUNOLOGIC:	Y	N
Enlarged/swollen lymph glands		

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 - Fax: 844-214-2393



Name/DOB: _____

MEDICAL HISTORY Please indicate if you have ever suffered any of the following medical conditions and the year that they occurred.

HEAD:	Y	Years	N
Trauma			

EYES:	Y	Years	N
Blindness			
Cataracts			
Glaucoma			
Wear glasses/contacts			

EARS:	Y	Years	N
Hearing aids			

NOSE/SINUSES:	Y	Years	N

MOUTH/THROAT/TEETH:	Y	Years	N
Dentures			

CARDIOVASCULAR:	Y	Years	N
Anuerysm			
Angina			
DVT			
Disrhythmia			
HTN			
Murmur			
Myocardial infarction			
Other heart disease			

RESPIRATORY:	Y	Years	N
Asthma			
Bronchitis			
COPD – Bronchitis/emphysema			
Pleuritis			
Pneumonia			

GASTROINTESTINAL:	Y	Years	N
Cirrhosis			
GERD			
Gallbladder disease			
Heartburn			
Hemorrhoids			
Hepatitis			
Hiatal hernia			
Jaundice			
Ulcer			

GENITOURINARY:	Y	Years	N
Hernia			
Incontinence			
Nephrolithiasis			
Other kidney disease			
STDs			
UTIs			

MUSCULOSKELETAL:	Y	Years	N
Arthritis			
Gout			
M/S injury			

SKIN:	Y	Years	N
Dermatitis			
Mole(s)			
Other skin condition(s)			
Psoriasis			

NEUROLOGICAL:	Y	Years	N
Epilepsy			
Seizures			
Severe headaches/migraines			
Stroke			
TIA			

PSYCHIATRIC:	Y	Years	N
Bipolar disorder			
Depression			
Hallucinations/delusions			
Suicidal ideation			
Suicide attempts			

ENDOCRINE:	Y	Years	N
Goiter			
Hyperlipidemia			
Hypothyroidism			
Thyroid disease			
Thyroiditis			
Type I DM			
Type II DM			

HEME/ONC:	Y	Years	N
Anemia			
Cancer			

INFECTIOUS:	Y	Years	N
HIV			
STDs			
Tuberculosis (dz)			
Tuberculosis (exposure)			

Other:	Years

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 - Fax: 844-214-2393



Name/DOB: _____

SURGICAL HISTORY

- _____
- _____
- _____
- _____

FAMILY HISTORY

Please list any diseases, illnesses, or ailments in your immediate family (i.e. mother – breast cancer, father – diabetes, grandfather – heart disease).

- _____
- _____
- _____
- _____

SOCIAL HISTORY

Occupation: _____

Do you smoke? Yes No How many packs a day? _____

Drink alcohol? Yes No If yes, how much? _____

Do you use any other drugs (marijuana, cocaine, etc.) Yes No If yes, which drug? _____

Do you live alone? Yes No If no, who do you live with? _____

Women:

Your age when menstrual cycle began: _____ Date of last period: _____

Difficulty with periods? _____

Total pregnancies: _____ How many live births? _____ Miscarriages or abortions? Yes No How many? _____

Any medical problems associated with pregnancy or any other gynecological illnesses? Yes No

Do you have any history of breast disease? Yes No Do you perform regular breast exams? Yes No

Date of last Pap smear: _____ Date of last mammogram: _____

Men:

Do you perform regular testicular self-exams? Yes No

Have you had any testicular, prostate or infertility problems? Yes No

If yes, please explain: _____

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 - Fax: 844-214-2393



Name/DOB: _____

HOSPITALIZATION HISTORY

Please list reason/s and date/s.

CURRENT MEDICATIONS:

****Please include dosage and frequency of each medicine****

MEDICATION/DOSAGE/FREQUENCY:

ALLERGIES: _____

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 – Fax: 844-214-2393



Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights:

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices:

- You have some choices in the way that we use and share information as we:
- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds
- Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 – Fax: 844-214-2393



- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission

Marketing purposes

- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 – Fax: 844-214-2393



Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

- We can use your health information and share it with other professionals who are treating you.
- *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- *Example: We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
- *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.
- Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- Respond to lawsuits and legal actions
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 – Fax: 844-214-2393



Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Please Note

Effective date of this notice – January 1, 2016

Physician Pain Care Associates, PA privacy official

Shelley Renee
716 Indian Trail, Suite 120
Harker Heights, TX 76548
254-393-2114
PPCA@ProtonMail.com

Physician Pain Care Associates, PA will never market or sell personal information.

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 - Fax: 844-214-2393



Name/DOB: _____

CLINIC POLICIES

Initials _____ Payment is due at the time services are rendered. I understand that if I have insurance I am the responsible party and that having insurance does not guarantee payment of the services rendered to me. I authorize submission of my claim to the insurance company listed on my intake form.

Initials _____ If I am unable to make an appointment, I will call 24 hours prior to my appointment time to reschedule. If I fail to notify the office prior to missing my appointment I understand that I will be charged a NO SHOW FEE OF \$25 FOR AN OFFICE VISIT AND \$50 FOR A PROCEDURE. I understand that frequent no shows may result in my release from the practice.

Initials _____ Permission for treatment: I hereby authorize physician and assistants for the care of the patient named on this record to administer treatment as may be deemed necessary including examinations and treatments that may be ordered to be performed by the clinical personnel. I acknowledge that no guarantees have been made to me regarding the results of the examinations or treatments to be performed.

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have reviewed this office's notice of privacy practices, which explains how my medical information will be reviewed and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of patient or representative

Date

Witness (medical office employee)

Description of witness authority

Please list anyone you wish to have access to your medical information, including your medical portal access:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Physician Pain Care Associates

Bradley W. Carpentier, MD

716 Indian Trail, Suite 120 - Harker Heights, TX 76548 - Phone: 254-393-2114 - Fax: 844-214-2393



To: _____

Fax Number: _____

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Please fax:

_____ medical records from (dates) _____

_____ imaging reports (type) _____

_____ EMG & NCV study results _____

_____ other: _____

for the following patient:

Name of Patient: _____

Date of Birth: _____

I authorize the release of my medical records to:

Bradley W. Carpentier, MD

Fax: 844-214-2393

Signature: _____

Date: _____

This authorization will expire twelve (12) months from the date of my signature, unless I revoke the authorization prior to that time.



NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address:

Texas Medical Board
Attention: Investigations 333 Guadalupe, Tower 3, Suite 610
P.O. Box 2018, MC-263
Austin, Texas 78768-2018

Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353. For more information please visit our website at www.tmb.state.tx.us.