

ARIZONA PAIN MANAGEMENT & REHABILITATION
ESTELLE R FARRELL, D.O.
CONSENT FOR CARE

I, _____ agree to be evaluated and treated at ARIZONA PAIN MANAGEMENT & REHABILITATION by DR. ESTELLE R FARRELL, as deemed medically appropriate. I acknowledge that no procedure will be performed without having been provided appropriate information regarding treatment and possible side effects or consequences. Signing this document implies informed consent on the part of the patient. In this arena, the practice is released from harm. Although the physician and staff will make efforts to obtain my appropriate medical history and information, the Practice shall not be held responsible for issues of omission or negligence on the part of the patient.

I, further acknowledge that the Practice is not functioning as my primary care/family physician, and if there are issues dealing with my primary care or internal medicine, they may be referred to my primary care physician by the practice. There may also be instances where the Physician of the practice will refer me to additional specialty care and evaluation as needed.

As for my responsibility to the Practice, I agree to attend appointments and therapies as scheduled. Multiple missed appointments, or inappropriate behavior may result in termination of services and referral to their physicians. Failure to cancel or no show for appointments will be subject to a charge for that visit.

As part of your care, you may receive injections of one kind or another. Usually these are trigger point injections into the motor point of various painful muscles. On occasion, a joint injection or Synvisc/Hyalgan injection will be done. This consent for treatment acknowledges that there can be side effects from any injection.

Side effects can include: allergic reactions, localized pain at the injection site or pain along the referral pattern of the nerve or muscle injected. On rare occasions more serious adverse events have been known to occur: fever, infection, muscle and bone atrophy, rash anaphylaxis, pneumothorax, breathing difficulty, sudden changes in blood pressure, convulsions, and death.

If a procedure is going to be done, a further discussion will ensue, but you are encouraged to ask questions. We wish to empower you to seek a higher level of health by getting involved. Help us understand you.

Stark Policy/Notice, Dr. Farrell may at times refer patients to Lab Express for lab work or to AZTMJ for evaluation & treatment , both facilities are owned and operated by family members. Dr Farrell does not have ownership, any financial interests nor does she receive any monetary compensation from either of the above entities.

PATIENT SIGNATURE

DATE