

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

INFORMATION FOR NEW PATIENTS BEING SEEN FOR PAIN MANAGEMENT

1. It is your responsibility to obtain and have your provider send/fax your **most** recent medical records concerning your medical problem(s) prior to being seen.
2. Your records need to be reviewed by our Physician prior to being seen.
3. If you are from out of state or a cash pay patient, we require a \$50 deposit, that will be non-refundable should you not show up for your appointment. This deposit will be applied towards your co-pay or your bill at the first appointment.
4. We will need names, numbers and addresses for your current treating physicians. We have the right to send office notes to your Primary Care Physician, Referring Physician, or another Physician as deemed necessary.
5. We recommend that you also bring any available imaging (CT, X-Ray, MRI, U/S, etc.) and the reports if you have them. Since we do not store any films in the office, you will be taking them with you after your appointment.
6. Bring in all of your medications with you that you are taking as well as a list of them.
7. We reserve the right **not** to see or treat you. If we choose not to see you, the co pay will be returned. This does **not** apply once you have been seen.
8. If you are seen on an initial exam, we are not required to accept you as a patient for treatment in the office. You will, however, still be responsible for your bill.
9. We will NOT prescribe narcotic medications on your first visit. It is your responsibility to make sure that you have enough medication until we prescribe them for you.
10. If we are considering the prescription of narcotic medications, a urine drug screen will be required. This **must** be done at the same visit.
11. Once we prescribe the narcotic medications, a narcotic agreement form will need to be filled out, so please know your pharmacy phone number.
12. If you are a patient that has a family member or other person taking care of you, we must have a signed Power of Attorney on file to share information with that individual.
13. Dr Farrell may at times refer a patient to Lab Express for lab work or to AZTMJ for eval & 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.
14. This is our office policy, and reflects federal and state guidelines. Only the treating physician may modify this.

Patient Signature: _____

Date: _____

Staff Initial: _____