



## **PAIN MANAGEMENT PHYSICIANS OF SOUTH FLORIDA**

Our goal in the field of Pain Management is to assist patients with the treatment of their chronic pain. We achieve this goal through various modalities, including injections or nerve blocks, physical therapy, psychological counseling when needed, and referrals to surgeons or other specialists as required. We strive to manage pain through means other than medications to allow patients to live a relatively pain free life. We seek to treat the cause of the pain and not the symptoms. **However, we also understand that strong narcotic analgesic and other prescription medications may be indicated for the treatment of certain chronic pain conditions.**

The purpose of this agreement is to clarify the conditions under which Pain Management Physicians of S Fl, will prescribe medications for you. This agreement will help you and your doctor comply with the laws regarding controlled pharmaceuticals and prevent misunderstandings about the medicines you may take for your pain condition. **Please read each and every item in this agreement very carefully.**

### **I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS OF ANY AND ALL PRESCRIPTIONS:**

1. I will use my medication(s) at a rate no greater than that prescribed by my pain management physician. If I do over-use my medication, that medication will not be refilled early, and I may be without pain medication for some period of time.
2. I will not share, sell, or trade my medication with anyone. I will not attempt to obtain any controlled medicines, including opioid pain medicines, controlled stimulants, or anti-anxiety medicines from any other doctor. I will safeguard my written prescriptions and pain medicine from loss or theft. I understand that lost or stolen written prescriptions or medicines will not be replaced.
3. Sudden discontinuation of a narcotic pain medicine may lead to unpleasant or dangerous withdrawal symptoms.
4. The potential risks and side effects of medications taken for pain, either short term or long terms, can include: drowsiness, nausea, constipation, itching, difficulty with urination, tolerance, dependence, addictions and overdoses
5. In the event that my physician feels that my dose of pain medication is excessive or makes the diagnosis of addiction or overdose, he will reduce the medicine over a period of time (days, weeks, months) as necessary to avoid withdrawal symptoms. Also, a drug-dependence treatment or detoxification program may be recommended.
6. I understand and agree that I am not to receive any type of prescription pain medication or sedative medication from any physician other than my pain management physician unless there is a specific medical necessity. Should my caregiver or I receive any pain or sedative medications from other physician, my caregiver or I must inform Pain Management Physicians of S Fl, either by telephone or in writing within 72 hours of having filled the prescriptions.
7. Refills of my prescriptions will be issued only at the time of an office visit, during regular office hours, or immediately following a procedure.
8. Refills will not be available during evenings, on weekends or holidays, and without at least 48 hours notice to my physician or his office staff.
9. I understand that it is my responsibility to keep track of my supply of pain medication and to make timely appointments with my doctor to have my prescription(s) refilled. **LAST MINUTE REQUESTS FOR PRESCRIPTION REFILLS OR LAST MINUTE APPOINTMENTS ARE NOT WELCOME.**
10. My doctor may, at his discretion, issue a refill or my medication(s) based on a telephone conversation we have regarding my pain condition and the effects that prescribed medications have on this condition

11. I will communicate fully and truthfully with my doctor about the character and intensity of my pain.
12. I have been advised to abstain from or significantly moderate my use of alcoholic beverages while taking medication for my pain condition. I will not use any illegal controlled substances, including marijuana, cocaine, heroin, ecstasy, etc. If I am a cigarette smoker, I understand that I will be asked to quit. Cigarette smokers typically have a decreased response to pain treatment because of the effects of smoking on oxygen delivery to the peripheral tissues. Additionally, obesity is one of the most important causes of failed treatment for chronic pain. Every ten pounds of excess weight that one carries on his/her body results in one hundred pounds of increased pressure on the spine, vertebral discs and spinal nerves.
13. If physical therapy is prescribed, I agree to attend and participate to the fullest extent possible. If there are any problems with my physical therapy, I agree to communicate this to my physician so that he can make the appropriate changes in my therapy program.
14. I agree that I will submit a blood or urine test if requested by Pain Management Physicians of S Fl, to determine my compliance with my regimen of pain medication. Furthermore, at the physician's discretion, the primary caregiver who's signature appears below shall also be subject to periodic urine and/or blood test.
15. If requested, I will bring all unused pain medicine to an office visit for a "pill count." My physician may request additional "pill counts" at any time, and I agree to comply with these requests. I agree that my caregiver or I will bring the most recent prescription container for each medication to each visit with my physician. These containers must correspond to their last prescription recorded in the medical record with the prescription labels intact and legible so that the physician in the medical record may document appropriate control information. Specifically, the prescription registration number and pharmacy telephone number will be noted and verified.
16. I will use only one pharmacy to fill prescriptions for my pain medications. **My pharmacy is (Name):** \_\_\_\_\_ **(Phone):** \_\_\_\_\_ **Pharmacy location is:** \_\_\_\_\_ . I authorize the doctor and my pharmacy to cooperate fully with any city, state or federal law enforcement agency, including this state's board of pharmacy, in the investigation of any possible misuse, sale or other diversion of my pain medication. I authorize my doctor to provide a copy of this agreement to my pharmacy. I agree to waive any applicable privilege or right of privacy or confidentiality with respect to these authorizations. I further consent to Pain Management Physicians of S Fl, contacting other physicians to discuss prior prescriptions that I have received from those physicians or to obtain the results of diagnostic testing (past or present) in order to obtain adequate information about my condition.
17. I understand that further prescriptions are solely at the discretion of my pain management physician.
18. I further understand that this agreement is essential to the trust and confidence necessary in a doctor-patient relationship and that my doctor undertakes to treat me based on this agreement. I understand that if I break this agreement or provide any false information, my doctor will stop prescribing these pain-control medicines and I may be immediately removed from the doctor's care.

**I have reviewed all of the items contained in this agreement. I agree to follow all of the guidelines that are described. A copy of this document will be given to me upon request. I voluntarily consent to participation in the pain medication program described in this Agreement.**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (PMPSF representative)

\_\_\_\_\_  
Date

Mailing address: 5944 Coral Ridge Drive. # 190 Coral Springs, Florida 33076  
Main Office Address: 8880 Royal Palm Blvd. Suite 103. Coral Springs, Florida 33065  
Tel: 954 975 8233 Fax: 954 974 2335 Website: www.pmpsf.com

Dear Patients of Dr. Andrew Goldberg:

As of October 2010, the State of Florida has deemed random urine toxicology testing mandatory by physicians that are prescribing controlled substances.

Please be informed that your insurance company may not pay for point of care/stat urine toxicology testing and may refer you to an outside lab vendor.

To avoid delays in receiving your pain medication prescription at the time of your visit, you may opt to proceed with point of care/stat urine toxicology testing at our office. **There is a \$25.00 charge for in office point of care/ stat urine toxicology testing which is due at the time of testing.**

If you opt for your urine toxicology testing to be performed at an outside lab vendor, you will not receive your pain medication prescription until your toxicology results are obtained and reviewed by the physician.

If your insurance company elects to reimburse the practice for the mandatory urine toxicology testing then, you will receive a full refund.

By signing this agreement, you acknowledge and agree your responsibility for reimbursement to our practice for the above medically necessary stat office lab tests.

**Pain Management Physicians of South Florida**

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Patient's printed name

\_\_\_\_\_  
Date

**CANCELLATION/NO SHOW POLICY/PROCEDURES**

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24 hours' notice. This will enable for another person who is waiting for an appointment to schedule in that appointment slot. With cancellations made less than 24 hours' notice, we are unable to offer that slot to other people.

Office appointments which are cancelled with less than 24 hours notification may be subject to a \$45.00 cancellation fee. No show fee for THC appointments will be subject to a \$25.00 cancellation fee. Procedure cancellations require three business days advance notice, without notification they may be subject to a \$100.00 cancellation fee.

Patients who do not show up for their appointment without a call to cancel an office appointment or procedure appointment will be considered as NO SHOW. Patients with No Show two (2) or more times in a 12month period, may be dismissed from the practice thus they will be denied any future appointments.

The cancellation and No show fees are the sole responsibility of the patient and must be paid in full before the patients' next appointment.

We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

If the service rendered is not covered by your insurance for the reason as not medically necessary or service is experimental, patient will be responsible for the service rendered for treating the patient.

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Questions about cancellation and no show fees should be directed to the Office Manager (954-975-8233).

**Please sign that you have read, understand, and agree to this Cancellation and No Show Policy.**

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

# Talk to your health care provider about how to treat your pain.

Create a safe and effective treatment plan that is right for you.

<b>Alternatives to Opioids: Medications</b>	<b>Advantages:</b> <ul style="list-style-type: none"> <li>• Can control and alleviate mild to moderate pain with few side effects.</li> <li>• Can reduce exposure to opioids and dependency.</li> </ul>	<b>Disadvantages:</b> <ul style="list-style-type: none"> <li>• May not be covered by insurance.</li> <li>• May not be effective for severe pain</li> </ul>
<b>NON-OPIDID MEDICATIONS</b> Acetaminophen (Tylenol)	<b>DESCRIPTIONS, ADDITIONAL ADVANTAGES &amp; DISADVANTAGES</b> Relieves mild-moderate pain, and treats headache, muscle aches, arthritis, backache, toothaches, colds and fevers. Overdoses can cause liver damage.	
<b>Non-steroidal Anti-inflammatory Drugs (NSAIDs):</b> Aspirin, Ibuprofen (Advil, Motrin), Naproxen (Aleve, Naprosyn)	Relieve mild-moderate pain, and reduce swelling and inflammation. Risk of stomach problems increases for people who take NSAIDs regularly. Can increase risk of bleeding	
<b>Nerve Pain Medications:</b> Gabapentin (Neurontin), Pregabalin (Lyrica)	Relieve mild-moderate nerve pain (shooting and burning pain). Can cause drowsiness, dizziness, loss of coordination, tiredness and blurred vision.	
<b>Antidepressants:</b> Effexor XR, Cymbalta, Savella	Relieve mild-moderate chronic pain, nerve pain (shooting and burning pain) and headaches. Depending on medication, side effects can include: drowsiness, dizziness, tiredness, constipation, weight loss or gain.	
<b>Medicated Creams, Foams, Gels, Lotions, Ointments, Sprays and Patches:</b> Anesthetics (Lidocaine), NSAIDs, Muscle Relaxers, Capsaicin, Compound Topicals	Can be safer to relieve mild-moderate pain because medication is applied where the pain is. Anesthetics relieve nerve pain (shooting and burning pain) by numbing an area; NSAIDs relieve the pain of osteoarthritis, sprains, strains and overuse injuries; muscle relaxers reduce pain by causing muscles to become less tense or stiff; and capsaicin relieves musculoskeletal and neuropathic pain. Compounded topicals prepared by a pharmacist can be customized to meet a patient's specific needs. Skin irritation is the most common side effect. Capsaicin can cause warmth, stinging or burning on the skin.	
<b>Interventional Pain Management</b>	Includes anesthetic or steroid injections around nerves, tendons, joints or muscles; spinal cord stimulation; drug delivery systems; or permanent or temporary nerve blocks. Medicates specific areas of the body. Can provide short-term and long-term relief from pain. Certain medical conditions and allergies can cause complications.	
<b>Non-opioid Anesthesia</b>	Opioids can be replaced with safer medications that block pain during and after surgery. A health care provider or an anesthesiologist can provide options and discuss side effects.	

<b>Alternatives to Opioids: Therapies</b>	<b>Advantages:</b> <ul style="list-style-type: none"> <li>• Can control and alleviate mild to moderate pain with few side effects.</li> <li>• Can reduce exposure to opioids and dependency.</li> <li>• Treatment targets the area of pain- not systemic.</li> <li>• Providers are licensed and regulated by the State of Florida * (apps.mqa.doh.state.fl.us/MQASearchServices)</li> </ul>	<b>Disadvantages:</b> <ul style="list-style-type: none"> <li>• May not be covered by insurance.</li> <li>• Relief from pain may not be immediate.</li> <li>• May not be effective for severe pain.</li> </ul> <small>Sources: American College of Surgeons, Centers for Disease Control and Prevention, National Institutes of Health, the Food and Drug Administration, Harvard Health and Wexner Medical Center (Ohio State University)</small>
<b>Self-care</b>	<b>Cold and heat:</b> Ice relieves pain and reduces inflammation and swelling of intense injuries; heat reduces muscle pain and stiffness. Can provide short-term and long-term relief from pain. Too much heat can increase swelling and inflammation. <b>Exercise and movement:</b> Regular exercise and physical activity can relieve pain. Simply walking has benefits. Mind-body practices like yoga and tai chi incorporate breath control, meditation and movements to stretch and strengthen muscles. Maintaining daily exercise and overcoming barriers to exercise can be a challenge.	
<b>Complementary Therapies</b>	<b>Acupuncture:</b> Acupuncturists* insert thin needles into the body to stimulate specific points to relieve pain and promote healing. Can help ease some types of chronic pain: low-back, neck and knee pain, and osteoarthritis pain. Can reduce the frequency of tension headaches. Bleeding, bruising and soreness may occur at insertion sites. <b>Chiropractic:</b> Chiropractic physicians* practice a hands-on approach to treat pain including manual, mechanical, electrical and natural methods, and nutrition guidance. Can help with pain management and improve general health. Aching or soreness in the spinal joints or muscles sometimes happens—usually within the first few hours after treatment <b>Osteopathic Manipulative Treatment (OMT):</b> Osteopathic physicians* use OMT—a hands-on technique applied to muscles, joints and other tissues—to treat pain. Clinically-proven to relieve low-back pain. Soreness or stiffness in the first few days after treatment is possible. <b>Massage therapy:</b> Massage therapists* manually manipulate muscle, connective tissue, tendons and ligaments. Can relieve pain by relaxing painful muscles, tendons and joints. Can relieve stress and anxiety—possibly slowing pain messages to and from the brain. At certain points during a massage, there may be some discomfort—especially during deep tissue massage. <b>Transcutaneous electrical nerve stimulation (TENS):</b> TENS is the application of electrical current through electrodes placed on the skin with varying frequencies. Studies have shown that TENS is effective for a variety of painful conditions. The intensity of TENS is described as a strong but comfortable sensation. Allergic reactions to adhesive pads are possible.	
<b>Rehabilitation Therapies</b>	<b>Occupational therapy:</b> Occupational therapists* treat pain through the therapeutic use of everyday activities. Can relieve pain associated with dressing, bathing, eating and working. Therapy includes activities that increase coordination, balance, flexibility and range of motion. Therapy interventions and recommendations will not help if the patient does not practice as instructed. <b>Physical therapy:</b> Physical therapists* treat pain by restoring, enhancing and maintaining physical and functional abilities. Therapy interventions and recommendations will not help if the patient does not practice as instructed.	
<b>Behavioral and Mental Health Therapies</b>	<b>Psychiatrists*, clinical social workers*, marriage and family therapists* and mental health counselors* provide therapies that identify and treat mental disorders or substance abuse problems that may be roadblocks to pain management. When used to manage pain, these therapies can take time.</b>	

I have reviewed these forms which were provided to me by Pain Management Physicians of South Florida and understand them. Any questions that I had were answered.

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Name

X \_\_\_\_\_  
Date



# PAIN MANAGEMENT PHYSICIANS OF SOUTH FLORIDA

Andrew J. Goldberg, M.D., DABPM, FIPP

## Authorization to Discuss Medical Information

I hereby authorize you to use or disclose the specific information described below, only for the purposes and parties also described below.

Description of the specific information to be discussed:

- Appointment Date/Times     Diagnosis     X-ray Results     Medications  
 Lab Tests/Results     Summary of Medical Record     Care Plan  
 Other (specify): \_\_\_\_\_

Indicate Confidential Information:     Mental Health     HIV information  
 Alcohol/Drug Information

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Information to be given to:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

This authorization shall remain in effect from the date signed below until (please check one):

- \_\_\_\_\_ (specify expiration date or event)  
 NO EXPIRATION DATE

I understand that:

- I may inspect or copy the protected health information to be used or disclosed.
- I may revoke this authorization in writing by contacting your office, attention Administrator.
- This authorization is giving Health Center Name the right to discuss my medical information with the one or more people listed above.
- Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by the HIPAA.
- I may refuse to sign this authorization and you will not condition treatment or payment on my providing this authorization (except to the extent that the authorization is for research-related treatment, in which case you may refuse to provide that research-related treatment).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient

(If signed by personal representative of Patient): \_\_\_\_\_