NEW JERSEY SPINE AND PAIN INSITUTE, LLC

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

WELCOME to **New Jersey Spine and Pain Institute**

Our Commitment to You

- We will provide you with the most appropriate care in the most time efficient fashion.
- We will treat you with respect and professionalism.
- We will always do our best to keep your scheduled appointment and to minimize any wait time you may incur. However, due to circumstances beyond our control, there may be times that we must re-schedule your appointment with short notice.
- In order to give you as much notice as possible, we request a phone contact so that we can reach you in person during the day, such as a business number or cell phone.
- We will do our best to move your appointment to an earlier time or date if we have a cancellation in our office schedule. If you have any questions regarding this information, please do not hesitate to ask us. We are here to help you.

General Information

- Our office hours are very limited. It is very important that you keep your appointment.
- If you have an emergency and cannot keep your appointment, you must contact our office **no later than 48 hours** prior to your scheduled appointment date.
- We may charge a **NO SHOW FEE of $ 50.00** if your appointment is not kept or cancelled **48 hours** prior to your scheduled time.
- In order to treat you effectively and efficiently and within HIPAA guidelines, we require Registration Form and several other forms be completed by you.
- We are sorry, but due to high fax volume, we are **NOT** able to accept any of the following documents **via FAX**. Without the completed documents, films, tests, and referral, if appropriate, you will **NOT** be seen by the doctor and your appointment will be **RESCHEDULED**.

1. **Referral** if required by the insurance
2. **Active valid insurance card**
3. **Case number or Claim number for Auto insurance or Worker's Comp**
4. **Photo ID**
5. **MRI films & Reports, Cat Scan films & Reports, Bone scan reports**
6. EMG reports
7. Recent Blood work reports
8. Primary doctor's notes, other specialties' notes (Orthopedic surgeon, neurologist, psychiatrist, rheumatologist, etc)
9. List of current medications

Office Hours

- Our hours of operation are Monday & Wednesday from 9:00 AM -3:00 PM and Tuesday & Thursday from 1:00 PM – 6:00 PM for office visits. Interventional procedures are done on Tuesdays from 9:00 AM – 1:00 PM and Wednesdays from 4:30 PM – 8:30 PM.
- The offices will be closed on weekends and Holidays.

Medication Policy

- It is important to your health that you follow the directions carefully on all medications that we prescribe.
- In addition we must be informed of all other medications, prescription and over-the-counter.

19 East 27th Street
Bayonne, NJ 07002

Phone #201-436-0033
Fax #201-436-0079

NEW JERSEY SPINE AND PAIN INSITUTE, LLC

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

- We **WILL NOT** refill controlled medications in advance of their refill date
- We **WILL NOT** mail prescriptions.
- They must be given **IN PERSON** to you at the time of your appointment.
- If there is an unavoidable reason that you cannot make an appointment, **we require a 3-day notice for a medication refill.**

Financial Policy

- We are committed to providing you with the best possible care.
- We expect that you have an understanding of your responsibilities under your insurance contract in respect to referral and pre-authorization requirements, and your deductible, co-pay, and coverage limits.
- Payment is due, in full, at time of service, unless you have made payment arrangements in advance with our business office.
- If you have insurance coverage with one of the plans we participate with, we will bill your insurance company along the guidelines of our contract. However, we require that **ALL COPAYS OR DEDUCTIBLES** be paid at the time of service.
- If you have an insurance with which we do not participate, we ask that payment be made at the time services are rendered and your insurance company will reimburse to you directly any amount due.
- Returned checks will be subject to an additional $25.00 service fee.
- We will gladly discuss your proposed treatment and answer any questions relating to your insurance. Please realize however that your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
- While filing of insurance claims is a courtesy we extend to our patients; all charges are the responsibility of the patient from the date the services are rendered.
- You will be required to show a copy of your insurance card at the time of service. If you do not have your insurance information or we are unable to verify your coverage, **you will be required to pay for the services rendered to you that day**. If your insurance coverage terminates or changes, you are responsible for notifying us of this change immediately so that we can assist you in receiving your maximum reimbursement.
- Any account balance outstanding in excess of 30 days will be subject to a service charge of 1.5% monthly.

Missed Appointments

- Please help us serve you better by keeping scheduled appointments.
- **Unless cancelled at least 48 hours in advance, our policy is to charge a NO SHOW FEE**of **$ 50.00** for missed office appointments.

I HAVE READ the Financial Policy. I UNDERSTAND and **AGREE** to this Financial Policy. I **GUARANTEE** payment of all charges incurred for the account of the below patient. I hereby assign benefits to New Jersey Spine And Pain for all claims submitted to my insurance on my behalf. I further agree to pay any attorney's fee, court cost, and related collection fees incurred.

_____ **X**_____ _____
Patient Name Signature Date

Thank you for your understanding and cooperation. We look forward to seeing you in our office soon.

Joseph Ibrahim, M.D.

19 East 27th Street
Bayonne, NJ 07002

Phone #201-436-0033
Fax #201-436-0079

NEW JERSEY SPINE AND PAIN INSITUTE, LLC

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

NOTICE OF PRIVACY PRACTICES

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 health information is contained in a medical record maintained by New Jersey Spine and Pain Institute, which medical record is the physical property of New Jersey Spine and Pain Institute, uses and/or discloses your health information to carry out your treatment, to obtain payment for such treatment, for health care operations and for other purposes either permitted or required by law. This Notice of Privacy describes how we may use and/or disclose your health information in connection with providing you with medical treatment or services and describes your rights to obtain access to your health information.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

• ***For Treatment –*** We will use and/or disclose your health information to provide you with medical treatment and related services, including coordination or management of your care with a third party that is also involved in your treatment. For example, we may disclose your health information to another health care provider, such as a specialist to whom you are referred by your physician, or to a laboratory performing tests related to your medical care.

• ***For Payment*** – We will use and/or disclose your health information to others, as necessary, to obtain payment for the treatment or services you receive. For example, a bill, containing information that both identifies you and your diagnosis or treatment, may be sent to you or directly to your insurance company, health plan or other third party payer. We may also use your health information for the purpose of determining your eligibility or coverage under a certain health plan.

• ***Emergencies*** – We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

• ***Judicial and Administrative Proceedings –*** We may disclose your health information in the course of any administrative or judicial proceeding.

• ***Law Enforcement –*** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing in person, complying with a court order or subpoena, and other law enforcement purposes.

• ***Deceased Persons –*** We may disclose you health information to coroners or medical examiners.

• ***Organ Donation –*** We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

• ***Specialized Government Agencies –*** We may disclose your health information for military, national security, prisoner, and government benefits purposes.

• ***Marketing –*** We may contact you for marketing purposes or fundraising purposes as described below: (Example) "As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment."

- ***For Health Care Operations*** – We may also use and / or disclose your health information as necessary to run our business operations and to support the core functions of treatment and payment. These activities include: quality assessment and improvement activities; employee evaluation activities; conducting medical review; legal and auditing services; business planning and development activities; and business management and general administrative activities. We will share your health information, as necessary, with certain "business associates" that provide certain services on our behalf, such as billing or transcription services. Whenever we have an arrangement with a "business associate" involving your health information, we will have that party execute a written contract containing terms that will protect the privacy of your health information.
- ***As Required by Law -*** We may use and /or disclose your health information as and to the extent required to comply with applicable law. New Jersey Spine and Pain Institute may for example, disclose information in the course of a judicial or administrative proceeding in response to a court order, subpoena or other lawful process, or may be required in certain instances to report certain information to law enforcement officials or other governmental authorities.
- ***Public Health Activities –*** We may use and / or disclose your health information for public health activity purposes to a public health agency that is permitted to collect such information for the purpose of controlling disease, injury, disability or other health oversight activities.
- ***Disclosure to Coroners, Funeral Directors and for Organ Donations –*** We may disclose your health information to a coroner or medical examiner for identification purposes, to ascertain the cause of death or to carry out other purposes authorized by law. New Jersey Spine and Pain Institute may also disclose health information to a funeral director, as authorized by law, to permit the funeral director to perform his/her duties. Further, protected information may be used for cadeveric organ, eye or tissue donation purposes.
- ***Research –*** We may disclose your health information to researchers when the institutional review board that has reviewed the research proposal has established protocols to ensure the privacy of your health information.
- ***Workers Compensation*** – We may use and / or disclose your health information in order to comply with applicable laws and regulations related to Workers Compensation.
- ***Appointment Reminders and Miscellaneous Other Uses*** – New Jersey Spine and Pain Institute may also use your health information to provide appointment reminders, or to send you materials with respect to treatment alternatives or other health-related information that may be of interest to you.

YOUR HEALTH INFORMATION RIGHTS

- You have the right to inspect and copy your health record. (However, federal and/or state laws may prohibit inspection of certain records, such as psychotherapy notes.)
- You have the right to request a restriction on certain uses and disclosures of your information. However, NEW JERSEY SPINE AND PAIN is not obliged to agree to the requested restriction.
- You have the right to request communications of your health information by alternative means or at alternative locations. (We will accommodate reasonable requests made, in writing, to our Privacy Officer.)

NEW JERSEY SPINE AND PAIN INSITUTE, LLC

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

- You have the right to receive an accounting of certain disclosures of protected health information we have made. (This right pertains to disclosures made after April 14, 2003 and does not include disclosures made for treatment, payment or operation purposes or as covered by other restrictions, exceptions or limitations set forth in federal regulations at 45 CFR Section 164.58.)

OUR RESPONSIBILITIES

- New Jersey Spine and Pain Institute is responsible to:
  a. Protect the privacy of your health information
  b. Provide you with this Notice of its duties and practices
  c. Comply with the terms of this Notice
  d. Obtain your written authorization to use and / or disclose your information for reasons other than those listed above or permitted by law.

MODIFICATION OF PRIVACY NOTICE

New Jersey Spine and Pain Institute reserves the right to change its information practices and make new provisions effective for all protected health information it maintains. Any modification shall have prospective application, but will apply to health records made both before and after the effective date of the policy modification. Revised Notices will be made available to all then current patients and posted in a prominent location within our office. We will also mail copies to any current or former patient who has advised us, in writing, that they want us to mail them copies.

HIPPA PRIVACY PRACTICE ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of the Offices of Dr. Joseph Ibrahim, New Jersey Spine and Pain Institute. Our Notice of Privacy Practices provides information. We encourage you to read it in full. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting us at (201) 436-0033.

Name _____

Signature X _____ Date_____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Name and Signature of Provider Representative:

_____ Date_____

19 East 27th Street
Bayonne, NJ 07002

Phone #201-436-0033
Fax #201-436-0079

NEW JERSEY SPINE AND PAIN INSITUTE, LLC

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

Patient Registration Form

Personal Information			
Name		Date of Birth	
Home Address		Age	
		Sex	
		SS#	
Home phone #		Driver's license #	
Mobile #		Marital status	
Referred by		Primary physician	
Pharmacy:		Pharmacy phone #	
Employment information			
Employed by		Occupation	
Address		Phone #	
Spouse Information / Guardian's Information if Under Age 18			
Spouse's name		Spouse's occupation	
Spouse's phone #		Spouse employed by	
Emergency contact			
Name		Phone #	
Address		Relationship	
Primary Insurance			
Name of Insurance		Primary Holder	
Address		Policy #	
Subscriber's Birthdate		Group name or #	
Secondary Insurance			
Name of Insurance co		Primary Holder	
Address		Policy #	
Subscriber's Birthdate		Group name or #	
Auto Insurance / Worker's Comp			
Name of insurance co		Primary Holder	
Address		Claim #	
Adjuster's Name		Pre-Cert #	
Phone #			
Date of injury			

Make sure to bring the following :

1. A copy of driver's license or any photo ID
2. A copy of insurance card (primary & secondary)
3. A referral form if required
4. Your Co-pay as per your insurance plan

19 East 27th Street
Bayonne, NJ 07002

Phone #201-436-0033
Fax #201-436-0079

NEW JERSEY SPINE AND PAIN INSITUTE, LLC

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

NEW JERSEY SPINE AND PAIN INSTITUTE (NJSPI)
AUTHORIZATION AND CONSENT

I request that payment of authorized Medicare Benefits be made either to me or on my behalf to New Jersey Spine and Pain Institute for any services furnished me by NJSPI. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable to related services. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to myself or to the party who accepts assignment.

AUTHORIZATION to release information and payment request. I certify that their service(s) covered by this claim has been received and I request that payment for these services be made on my behalf. I authorize any holder of medical or other information about me to release to the Division of Medical Assistance and Health Services or it's authorized agents any information needed for this or a related claim.

ASSIGNMENT OF INSURANCE BENEFITS: I irrevocably assign all payments to New Jersey Spine and Pain Institute for medical insurance benefits including any Major Medical Benefits otherwise payable to me under the terms of my policy but not to exceed the balance due to NJSPI for services performed during this period of treatment. In making this assignment, I understand and agree that I am financially responsible to the above party for charges not paid under this insurance policy. I permit a copy of this authorization to be used in place of the original.

RELEASE OF INFORMATION: New Jersey Spine and Pain Institute (hereinafter referred to as NJSPI) may disclose any or all parts of the clinical record to me (our) insurance company(s) or employer(s) for purposes of satisfying charges billed by NJSPI. I further understand that it may be necessary for NJSPI to contact my (our) past or present employer(s) in regards to this claim. This authorization does not cover 3rd party liability claims.

GUARANTEE OF ACCOUNT: New Jersey Spine and Pain Institute
For and in consideration of services rendered by NJSPI to the below named patient, the undersigned (jointly and severally, if more than one) guarantees payment of all charges incurred for said patient in accordance with the policy of payment of such bills. There will also be added 30% collection and reasonable attorney fee if your account goes to a collection agency.

THE UNDERSIGNED CERTIFIES THAT EACH HAS READ AND UNDERSTANDS THE ABOVE TERMS AND CONDITIONS.

_____ _____
Patient's signature Registration Date

_____ _____
Patient's Agent representative & Guarantor Signature Registration Date

Name of Patient: _____
Please Print

19 East 27th Street
Bayonne, NJ 07002

Phone #201-436-0033
Fax #201-436-0079

NEW JERSEY SPINE AND PAIN INSITUTE, LLC

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

CONSENT FOR CHRONIC OPIOD THERAPY

I, _____ am fully aware that **Joseph Ibrahim, M.D., FAAPMR** and/or any officially designated representative of the **New Jersey Spine and Pain Institute, LLC (NJSPI)** is prescribing opioid medicine, sometimes called narcotic analgesics as part of my pain therapy. I attest to the following statements:

__1. I am not currently abusing illicit or prescription drugs and I am undergoing treatment for substance dependence or abuse.

__2. I have **never been** involved in the sale, diversion and/or transport of controlled substances.

__3. I **will** obtain all prescription for narcotic analgesics from New Jersey Spine and Pain Institute and reveal all other medications that I am taking.

__4. I **will** only use **ONE pharmacy** for filling prescription analgesics.

__5. I give my permission to allow New Jersey Spine and Pain Institute staff and physicians to discuss my case with my other physicians and pharmacists.

__6. I **agree** to take my medications **ONLY AS PRESCRIBED** by Dr. Joseph Ibrahim and /or Associates.

__7. I **agree** to follow the advice of the physicians/physician assistants of the New Jersey Spine and Pain Institute regarding the stopping of controlled substances as they advise.

__8. (**FEMALES ONLY**) I certify that I am **not pregnant** If I plan to become pregnant or believe that I have become pregnant while taking this pain medicine, I will immediately call my obstetric doctor and this office to inform them-I am aware, tat should I carry a baby to delivery while taking these medicines; the baby will become physically dependent upon opioids-I am aware that use of opioids is generally not associated with a risk of birth defects. However, birth defects can occur-whether or not the mother is on medicines and there is always the possibility that my child will have a birth defect while I am taking an opioid.

__9. (**MALES ONLY**) I am **aware** that chronic opioid use has been associated with **low testosterone levels** in males. This may affect my mood, stamina, sexual desire and physical and sexual performance. I **understand** that my doctor may check *my* blood to see if my testosterone level is normal.

__10. I **understand** that the New Jersey Spine and Pain Institute reserve the right to order **random urine drug screens at any time and I will comply with such request.**

__11. I **understand** that the New Jersey Spine and Pain Institute will make **NO allowance for lost prescriptions or medications.**

__12. I **understand** that the New Jersey Spine and Pain Institute **reserves the right to dismiss me from care should any violations of the above occur.**
I authorize the release of medical records from all previous physicians, including psychological reports to New Jersey Spine and Pain Institute. I have read this entire agreement and have had the opportunity to ask questions. All of my questions have been answered satisfactorily. I consent to fee use of analgesics under the terms outlined in the agreements-I will be given a copy of this policy for my reference

PatientSignature_____Date_____Witness_____
Patient Name (Printed) _____ Physician/PhysicianAssistant_____

19 East 27th Street
Bayonne, NJ 07002

Phone #201-436-0033
Fax #201-436-0079

NEW JERSEY SPINE AND PAIN INSITUTE, LLC

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

INITIAL VISIT (NEW PATIENT)

Please, Bring the Following Items to the Office

1. **Referral** if required by the insurance
2. **Active valid insurance card**
3. **Case number or Claim number** for Auto insurance or Worker's Comp
4. **Photo ID**
5. SS #
6. **MRI films & Reports**, Cat Scan films & Reports, Bone scan reports
7. EMG reports
8. Blood work reports
9. Primary doctor's notes, other specialties' notes (Orthopedic surgeon, neurologist, psychiatrist, rheumatologist, etc)

RETURNED VISIT (ESTABLISHED PATIENTS)

Please, Bring the Following Items to the Office

1. Active valid insurance card
2. Photo ID
3. SS #
4. NEW MRI films & Reports, Cat Scan films & Reports, Bone scan reports
5. NEW EMG reports
6. NEW blood work reports
7. UPDATED list of current medications
8. UPDATED doctor's note

19 East 27th Street
Bayonne, NJ 07002

Phone #201-436-0033
Fax #201-436-0079

NEW JERSEY SPINE AND PAIN INSITUTE, LLC

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

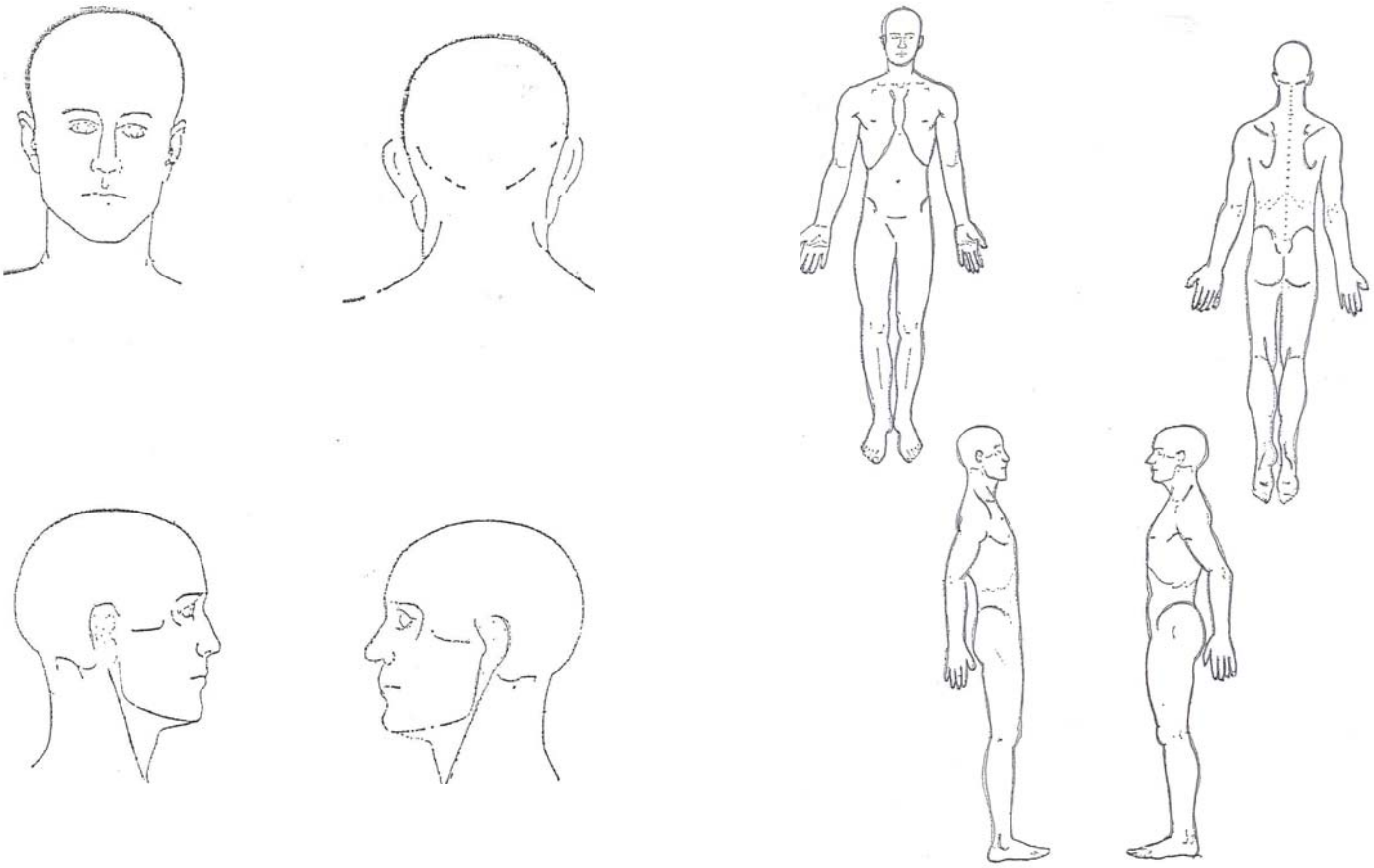
Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

• Today's date: _____ •Name_____

• Age_____ • Date of Birth _____ • Height _____ • Weight _____

□ Right hand dominant □ Left hand dominant • Sex: □ Male □ Female

Chief Complaints:



• Current Pain Level (0 ~ 10) 0 1 2 3 4 5 6 7 8 9 10

• Average Pain Level (0 ~ 10) 0 1 2 3 4 5 6 7 8 9 10

• Location _____

• Does the pain radiate anywhere ("shooting down" or "shooting up")

_____

• When was the pain started _____

19 East 27th Street
Bayonne, NJ 07002

Phone #201-436-0033
Fax #201-436-0079

NEW JERSEY SPINE AND PAIN INSITUTE, LLC

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

- **How was the pain started** □ Work related □ Auto accident □ Athletic injury □ Injury at home
  □ Other_____

- **Please, describe your pain** _____
  □ Dull □ Aching □ Sharp □ Numbness □ Burning □ Stabbing □ Throbbing

- **How often is your pain present**? □ Occasional □ Frequent □ Constant

- **Worst time of day?** □ Morning □ Afternoon □ Evening □ Night □ All the time

- **Any color change or temperature change?** _____

- **Numbness in anywhere?** _____

- **"Pins and needles"?** _____

- **Weakness? (Right leg, right arm, both legs….)** _____

- **What makes symptoms worse/exacerbate?** _____
  □ Walking □ Standing □ Lying down □ Sitting □ Bending forward □ Bending backward
  □ Driving □ Coughing □ Bowel movement □ Cold weather □ Hot weather □ Rainy day
  □ Lifting objects

- **What makes the symptoms better?**_____
  □ Resting □ Massage □ Exercise □ Sitting □ Lying down □ TENS unit □ Physical therapy
  □ "Injections" □ Sleeping □ Medication (Names) _____ □ Other _____

- Sleeping : □ Well □ "OK" □ Terrible □ 2 hrs □ 4 hrs □ 6 hrs □ 8 hrs □ >10 hrs

- How often do you wake up at night? □ 0 □ 1 □ 2 □ 3 □ 4 □ >5 times

Physical therapy □ Location _____ □ Date of Last PT _____ □ Duration _____
TENS Unit □ Never used □ I have a unit □ I don't have one □ Used at home daily □ Used at home as needed
□ Used during PT

Previous "injections"

□ Epidural	_____ Date	_____ Number of injection	_____ Doctor's name
□ Facet	_____ Date	_____ Number of injection	_____ Doctor's name
□ Nerve block	_____ Date	_____ Number of injection	_____ Doctor's name
□ Joints	_____ Date	_____ Number of injection	_____ Doctor's name
□ Others	_____ Date	_____ Number of injection	_____ Doctor's name

Acupuncture _____ **Botox** _____

19 East 27th Street
Bayonne, NJ 07002
Phone #201-436-0033
Fax #201-436-0079

NEW JERSEY SPINE AND PAIN INSITUTE, LLC

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

Chiropractor _____ **Psychotherapy** _____

Other (Biofeedback, Meditation, Yoga, Swimming) _____

Review of System

- Gen ☐ Weight loss ☐ Weight gain ☐ Fever ☐ Fatigue ☐ Loss of appetite ☐ Nausea ☐ Vomiting
- Skin ☐ Skin problem ☐ Rash ☐ Psoriasis ☐ Slow healing ☐ Easy bruising ☐ Itching
- Neuro ☐ Light headed/dizziness ☐ Fainting ☐ Weakness ☐ Stroke ☐ Tremor ☐ Seizure ☐ Memory loss
- Eyes ☐ Vision problem ☐ Glaucoma ☐ Blurred vision ☐ Double vision
- ENT ☐ Ear pain ☐ Hearing loss ☐ Ear noises ☐ Nose bleed ☐ Sore throat ☐ Hoarseness ☐ Dental problems
- Cardiovascular ☐ Chest pain ☐ Chest pressure ☐ Shortness of breath ☐ Irregular heart beat ☐ Murmurs
- Respiratory ☐ Coughing ☐ Difficulty breathing ☐ Asthma/Wheezing ☐ Coughing up blood
- Gastrointestinal ☐ Constipation ☐ Diarrhea ☐ Heartburn ☐ Bloody stool ☐ Pain in stomach ☐ Ulcers ☐ Hepatitis
- Genitourinary ☐ Painful urination ☐ Frequent urination ☐ Bloody urine ☐ Kidney stone ☐ Incontinence ☐ Loss of libido ☐ Sexual difficulty ☐ Infection
- Endocrine ☐ Hypothyroidism ☐ Hyperthyroidism ☐ Diabetes ☐ Parathyroid problems
- Hematology ☐ Anemia ☐ Bleeding disorder ☐ Easy bleeding ☐ Lymphoma/Leukemia ☐ Sickle cell disease
- Immunologic ☐ Catch cold easily ☐ HIV/AIDS ☐ Fever ☐ Hay fever ☐ Frequent sinus problems ☐ Allergies
- Musculoskeletal ☐ Arthritis ☐ Rheumatoid arthritis ☐ Osteoarthritis ☐ Compression fracture ☐ Head injury ☐ Neck injury ☐ Lower back injury ☐ Spinal trauma ☐ Birth trauma ☐ Birth defect ☐ Lupus ☐ Spina bifida ☐ Gout ☐ Osteoporosis ☐ Muscular dystrophy ☐ Muscle pain ☐ Scoliosis
- Women only ☐ Irregular periods ☐ Premenstrual depression ☐ Hot flashes ☐ Menstrual cramps ☐ Vaginal discharge ☐ Hysterectomy ☐ Breast surgery ☐ Nipple discharge ☐ Breast lumps ☐ Last mammogram _____
- Men only ☐ Burning on urination ☐ Dripping after urination ☐ Prostate problems ☐ Difficulty starting urination
- Psychiatric ☐ Depression ☐ Anxiety ☐ Panic attacks ☐ OCD ☐ Manic ☐ Bipolar ☐ Suicidal attempts ☐ Suicidal ideation ☐ Homicidal ☐ Hallucination ☐ Psychosis ☐ Other _____

Past Medical History

- Heart ☐ Coronary artery disease ☐ Hypertension ☐ Murmurs ☐ Valvular disease ☐ Aneurysm ☐ High cholesterol ☐ Pacemaker ☐ Deliberator ☐ Heart failure ☐ Angina ☐ Other _____
- Lungs ☐ Asthma ☐ COPD ☐ Emphysema ☐ Bronchitis ☐ TB ☐ Pneumonia ☐ Lung cancer ☐ Other _____
- Gastrointestinal ☐ Ulcer ☐ Reflux ☐ Gastritis ☐ Hepatitis ☐ Cancer ☐ Bleeding ☐ Diverticulosis ☐ Other _____
- Kidney ☐ Failure ☐ Stones ☐ Dialysis (When) _____ ☐ Other _____
- Endocrine ☐ Diabetes ☐ Hypothyrodism ☐ Hyperthyroidism ☐ Other _____
- Neuro ☐ Stroke ☐ Aneurysm ☐ Brain cancer ☐ Nerve injury ☐ Spinal cord injury ☐ Alzheimer's ☐ Dementia ☐ Seizures ☐ Parkinson's ☐ Other _____
- Psychiatric ☐ Depression ☐ Bipolar ☐ Anxiety ☐ Panic disorder ☐ Psychosis ☐ Schizophrenia ☐ Other _____
- Bone/Muscular ☐ Arthritis ☐ Rheumatoid arthritis ☐ Osteoarthritis ☐ Gout ☐ Osteoporosis ☐ Scoliosis ☐ Other _____
- Cancer ☐ _____
- Other ☐ _____

Past Surgery History

19 East 27th Street
Bayonne, NJ 07002

Phone #201-436-0033
Fax #201-436-0079

NEW JERSEY SPINE AND PAIN INSITUTE, LLC

Joseph G.A. Ibrahim, MD, FAAPMR
Interventional Spine and pain Management
Diplomate American Board of Physical Medicine and Rehabilition
Diplomate American Board of Pain Medicine

Hospital affliation:
Saint Clare's Health system, Denville,NJ
Chrit Hospital, Jersey City, NJ
Bayonne Medical Center, Bayonne, NJ

Allergies :

- Latex □ No □ Yes Reaction_____ • Contrast (Dye) □ No □ Yes Reaction_____
- Allergic to any medication(s)?_____

Current Medications_____

Significant Family History (Cancer, hypertension, diabetes, depression, back pain…)

a. Father side _____
b. Mother side _____
c. Siblings _____

Social History

a.	Tobacco:	□ Never	□ Quitted in _____	□ Currently ____ pack per day		
b.	Alcohol :	□ Never	□ Rarely	□ Moderate	□ Daily_____	
c.	Use of drugs:	□ Never	□ Occasionally	□ Frequently, Type/frequency _____		
d.	Marital status:	□ Single	□ Married	□ Separated	□ Divorced	□ Widowed
e.	Family status:	Living with _____				
f.	Occupation:	_____				
g.	Disability:	□ No	□ Yes (Type) _____			
h.	Litigation (Lawsuit):	□ No	□ Yes against _____	working with _____		

Radiological studies / Lab studies

- MRI □ Neck _____ Date □ Upper back _____ Date □ Lower back _____ Date □ Other _____ Date
- CT □ Neck _____ Date □ Upper back _____ Date □ Lower back _____ Date □ Other _____ Date
- EMG □ Arm _____ Date □ Leg _____ Date □ Other _____ Date
- Myelogram _____ Date • Bone scan _____ Date • Last blood work _____ Date

This form is completed by

□ Patient X _____ Date _____
□ Other X _____ Name / Relation _____

19 East 27th Street
Bayonne, NJ 07002

Phone #201-436-0033
Fax #201-436-0079