

Policies of John W. Grace, M.D. , P.A.

SUICIDAL THOUGHTS

Suicide is a serious complication of psychiatric conditions and suicidal thoughts can signify a psychiatric emergency. If you have thoughts of hurting yourself or others and worry about your ability to control such impulses you should go the nearest emergency room or dial 911. Outpatient clinic is not the appropriate place to manage an acute psychiatric emergency if you are not safe at this time.

APPOINTMENTS

Established patients take precedence for urgent appointments. That means your new appointment may be bumped. Many psychiatric offices book months in advance.

We do not.

We give new patients the first available appointment. That means there is the potential for a crisis (or more likely several crises) to make that appointment unavailable. We recommend hospitalization or our partial hospitalization program for patients that have urgent clinical needs that our timetable does not accommodate.

CLINIC ASSOCIATED WITH ACADEMIC CENTERS.

Members of our staff are on clinical faculty at the *University of South Florida Department of Psychiatry* and *Lincoln Memorial University Debusk School of Osteopathic Medicine* in Harrogate Tennessee.

Our office uses social workers, psychologists, nurses, physician assistants and nurse practitioners, there are also may be students from physician, physician assistant, and nurse practitioner programs in addition to physicians. All members of the team will work with you and have access to your clinical information throughout your treatment course. We cannot guarantee you will see the same provider of the team at every appointment. You may be scheduled with Dr. Grace and end up seeing a nurse practitioner or physician assistant who is familiar with your case.

Patient or Legal Guardian Signature and Date:

FIRST SESSION

THE FIRST SESSION IS A **CONSULTATION ONLY**. YOU WILL NOT BE CONSIDERED A PATIENT OF THIS OFFICE UNTIL BOTH YOU AND WE AGREE AFTER YOUR FIRST SESSION THERE IS SOME BENEFIT TO BE GAINED FROM WORKING TOGETHER.

DO NOT RELY ON US TO REFILL PRESCRIPTIONS OR PRESCRIBE MEDICATIONS ON THE DATE OF YOUR FIRST APPOINTMENT. IF YOU DO NOT ENTER INTO A DOCTOR-PATIENT RELATIONSHIP AFTER THE CONSULTATION, WE **WILL NOT** DO SO.

WE MAY NOT BE ABLE TO ACCEPT YOU AS A PATIENT FOR ANY NUMBER OF REASONS AFTER REVIEWING THE CASE. FOR INSTANCE THERE MAY BE A CONFLICT OF INTEREST WITH ONE OF OUR EMPLOYEES OR OTHER PATIENTS. WE MAY NOT BE ABLE TO TELL YOU WHY WE CANNOT ACCEPT YOU. PLEASE UNDERSTAND THAT THIS IS SIMPLY THE NATURE OF PSYCHIATRIC CARE AND IN NO WAY A REFLECTION UPON YOU.

PAYMENT / LATE CANCELLATIONS:

Our office requires 24 hour notice for cancellation of appointments. Failure to provide will result in the patient being charged a fee of \$50.00. Patients are expected to maintain a zero balance. We reserve the right to charge a 1.5% monthly finance charge for balances more than thirty days overdue.

TERMINATION AFTER PROLONGED ABSENCE:

Any hiatus of treatment greater than six months, a patient's file will be closed unless other arrangements have been arranged in writing and documented in the patient's chart.

REFILL OF MEDICATION

Refilling medication is a complicated process. To minimize errors we recommend the following.

1. Please have all prescriptions filled at your appointment.
2. If you need medication called in please have your pharmacy fax refill request to our office and allow 72 hours for us to reply.

Patient or Legal Guardian Signature and Date:

CHARGE FOR PHONE CALLS:

We do not charge for brief phone calls regarding medication updates or re-fills. Longer, therapeutic phone calls will be charged at the following rates which insurance does not usually cover.

| | |
|---|---------|
| Brief Session (5-10minutes): | \$25.00 |
| Moderate Session (10-20minutes): | \$50.00 |
| Extended Session (20-30 minutes and up) | \$75.00 |

THIS IS A RESEARCH OFFICE

Research is a critical part of our mission at John W. Grace, M.D. , P.A. We have a commitment to discover better ways to help improve quality of life for our patients and others.

WE RECOMMEND PATIENTS FOR RESEARCH TRIALS

We encourage patients to have an open mind about research trials, see them as an opportunity to not only help themselves but also others. We are currently working with Nature Coast Center for Clinical Research to explore new treatments for mental health disorders.

Please visit their website at <http://www.naturecoastresearch.com/> to learn about ongoing trials in all areas of health research.

RESEARCH IS A COMMITMENT

We understand research is a long-term commitment. We ask our patients to understand the same. One of the most critical issues regarding new treatments is how they perform over time. Commitment to the ongoing process allows us to continually monitor this.

Patient or Legal Guardian Signature and Date:

FILLING OUT PAPERWORK IS A COMPLICATED PROCESS

When you ask us to sign a piece of paper you are asking for a medical opinion, an opinion we must be prepared to defend in a court of law.

A medical opinion is defined as :

"Statements from physicians and psychologists or other acceptable medical sources." The opinion of a treating physician should be afforded substantial weight."

Hunter v. Astrue, 2009 U.S. Dist. LEXIS 92045 (D. Minn. Aug. 4, 2009)

What this means is not that you are asking us to simply sign a piece of paper (anymore than signing a deed to your house is simply a signature). You are asking us to commit ourselves to a position using our expertise that we are willing to defend in a court of law.

In these situations, we are obliged to review any paperwork very carefully. This involves time and perhaps additional testing. Insurances may not reimburse for this process and there may be substantial charges for it.

It is the policy of John W. Grace, M.D. to submit any and all paperwork to our document review center. There is a \$50.00 charge for this process and it may take up to a week to return an answer. After reviewing the paperwork, several things may happen and you need to understand this before you start this process.

1. We may fill out the paperwork in a way that is detrimental to your position. This is particularly possible in cases of disability where there has been non-compliance (you haven't tried all options, taken medications, or come as frequently as we have suggested). We have to be honest and forthright in our opinion. For instance a disability statement may read,

"Patient is complaining of symptoms of severity that would make work difficult. However; it is difficult to say within medical certainty that the patient is unable to work solely from mental condition as he/she has missed several appointments and not tried several treatment modalities we have recommend. In addition there has been some use of alcohol despite our recommendations against such."

In cases like this, our relationship may deteriorate and necessitate the need for a transition to another provider if you feel that we did not give you the answer you expected.

Patient or Legal Guardian Signature and Date:

2. We may fill out paperwork in a way that is supportive but not necessarily conclusive. For instance, if you are asking for an emotional support animal, our opinion may be written as followed.

“Patient is suffering from a condition that would benefit from a support animal to prevent deterioration and provide structure. This does not preclude other options for support (friendships, etc).

3. It may be filled out as is.

4. There may be additional charges before it is filled out.

5. It may require a visit or additional procedures to fill it out.

6. We may not be able to be fill out at all.

Keep in mind when we fill out paper work we may simply reference your medical records. There is no reason we should have to look through your medical records for the single piece of information that your attorney or insurance company is asking for.

Our records are kept using standards acceptable throughout the field. Our data presentation meets acceptable standards for the standard of care. If there is a fact or opinion required that is already located within your record then the answer to the question will simply be “see medical record.” If there is an additional piece of information required, it will be provided.

Please keep in mind, we are not trying to make things difficult for our patients. Organizations exaggerate to you how easy it is for us to sign things and stand behind them. This process means so much more than “Just have your doctor sign this.”

Dr. Grace’s current forensic rate is \$350/hour for any document review, preparation, travel time, and testimony.

If deposition is required a half-day is blocked off with a retainer of \$1500 (in advance) that is forfeited unless the deposition is cancelled more than 1 week prior to deposition.

Cost for medical records for patients and government entities is:

(a) For the first 25 pages, the cost shall be \$1.00 per page.

(b) For each page in excess of 25 pages, the cost shall be 25 cents.

All others are \$1.00/page.

Patient or Legal Guardian Signature and Date:

John W. Grace M.D. P.A.
Confidentiality and
HIPPA Privacy Policies:
Privacy Officer: Lisa Nalepa

- Confidentiality is waived if there is a real immediate threat to yourself or someone else.
- Certain diseases must be reported to the Health Department
- A Court Order may request these records.
- We are required to report cases of elder or child abuse.
- Under most circumstances no paper records released without approval.
- All paper records are locked up after close of business day.
- Some private information is shared with insurance companies as required for billing.
- Information will be shared with treating physicians and staff in order improve quality of care. In order to effect psychiatric treatment, families and physicians need to be occasionally involved for patient safety. An example of this policy would be if a family member called Dr. Grace stating that the patient was acting in an unusual way that sounded like hypomania. If the patient were on lithium for bipolar disease, Dr. Grace would likely stress the importance of hydration with the medication the patient is on as well as provide the family member techniques in dealing with a hypomaniac person, releasing the minimum required information to aid in the situation. Your safety is our number one priority. And our office, while valuing both, puts patient safety in emergency and crisis above privacy.
- Our office utilizes “Practice Fusion” for medical records. A summary of their privacy practices may be obtained at www.practicefusion.com

Patient or Legal Guardian Signature and Date:

Notice of Medication Risks With Common Psychotropics

Benzodiazepine (Lorazepam, Alprazolam, Diazepam, Valium, Ativan, Xanax): Chemical Dependence, Sedation, Impairment of Ability to Operate Heavy Machinery, Cardiovascular Collapse, Memory Loss, Death in overdose, Do not rapidly stop these medications or it could kill you. Do not operate machinery when changes doses of these meds. Do not drink alcohol while consuming these medications. Do not get pregnant on this medication without discussing with physician. Damage to Fetus in Pregnancy.

Alpha-Blockade Agents: (Clonidine, Prazosin, Tizanidine) Can both lower and increase blood pressure resulting in strokes and other neurological symptoms. You need to monitor your blood pressure daily while on these medications, never miss a dose unless instructed to and coordinate your care with your primary care physician.

Antipsychotics (Haldol, Ziprasidone, Risperidone, Geodon, Olanzapine, Seroquel, Quetiapine, Risperidone, Zyprexa, Abilify, Aripiprazole, Latuda, Saphiris): Diabetes, Weight gain, Irreversible Movement Disorders, Increased risks of death in the elderly compared to sugar pills, Liver damage, Heart Problems, Seizures. Cataracts. Skin Rash. Do not get pregnant on this medication without discussing with physician. Damage to Fetus in Pregnancy.

Anti-Depressants (Prozac, Fluoxetine, Zoloft, Sertraline, Paxil, Paroxetine, Effexor, Venlafaxine, Remeron, Bupropion, Cymbalta, Lexapro, Citalopram, Amitriptyline, Nortriptyline, Viibrid): Seizures, Increased thoughts of suicide, Nausea, Headache. Sexual dysfunction, Do not get pregnant on these medication without discussing with physician. Damage to Fetus in Pregnancy.

Lithium: Heart Problems, Sudden Death, Neurological Problems including seizure and tremor, Kidney Failure, Thyroid Problems, Weight Gain, Parathyroid problems. You need to have your blood monitored on lithium. Do not get dehydrated on this medication. Do not get pregnant on this medication without discussing with physician. Damage to Fetus in Pregnancy.

Stimulants (Ritalin, Adderall, Dexadrine, Provigil): Weight Loss, Suicide, Depression, Heart Attack, Stroke, High Blood Pressure. Do not get pregnant while on these medications.

Tegretol, Valproic Acid, Depakote: Seizure, Hair loss, Tremor, Liver failure, Pancreatitis, Hepatitis, Weight Gain, Bleeding problems, Life threatening rash. You should not operate heavy machinery when titrating new doses of these meds. You should have lab draws on these meds. Do not get pregnant on these medica-

Patient or Legal Guardian Signature and Date:

tions without discussing with physician. Damage to Fetus in Pregnancy. Suicidal Thoughts and behavior.

Lamictal: Death from Life Threatening Rash. Liver problems. Do not get pregnant on this medication without discussing with physician. Damage to Fetus in Pregnancy. Suicidal Thoughts.

Neurontin Seizures, Increase in Suicidal thoughts. Do not get pregnant on this medication without discussing with physician. Damage to Fetus in Pregnancy. May cause sedation. Do not operate heavy Machinery while changing doses. Suicidal thoughts.

Ambien, Sonata Lunesta: Chemical Dependence, Sedation, Impairment of Ability to Operate Heavy Machinery, Cardiovascular Collapse, Memory Loss, Death in overdose, Do not rapidly stop these medications. Do not operate machinery when changes doses of these meds. Do not drink alcohol while consuming these medications. Do not get pregnant on these medication without discussing with physician. Damage to Fetus in Pregnancy. Can cause sleep walking or eating or driving.

Trazadone: Trazadone can cause a painful erection or genital swelling that can lead to damage to the tissue. This can occur at any time in treatment but is relatively uncommon. It can also cause sedation and drop in blood pressure increasing your risks of falls.

Here is what we ask of you:

- We expect you to keep a copy of this and reference when prescribed new medication.
- Take medications as prescribed without any alcohol or drugs.
- Maintain a working relationship with a primary care physician so you can discuss medical issues as they arise in my treatment.
- Understand that in women most medications can place the unborn fetus at significant risk and agree to discuss plans for pregnancy with my physician and practice proper, effective birth control.
- Do daily monitoring to aid in diagnosis and treatment.
- Maintain a relationship with one pharmacy and ask that pharmacy to repeatedly perform analysis of drug interactions.

Patient or Legal Guardian Signature and Date:

Client Name: _____

Email: _____

Address: _____

Telephone: _____

DOB: _____

SS#: _____

Insurance _____

Secondary Insurance:

Emergency Contact:

Name:

Address:

Phone:

Patient or Legal Guardian Signature and Date:

CURRENT or PAST MEDICAL PROBLEMS (May Circle or Attach List)

Place a star () next to things that mean a lot or really describe you.

I have had a head injury in the past which resulted in...

I have had a stroke in the past which resulted in...

I have difficult to control diabetes.

I have difficult to control thyroid issues.

I have copd with low oxygenation.

I suffer from multiple sclerosis.

I have Parkinson's disease

Other medical issues...

Hypothyroidism 244.9

Hypertension 997.91

High Cholesterol 272.4

Chronic Renal Failure, 585.00

Adult onset Diabetes Type II 250.00

Coronary Artery Disease 414.00

Osteoarthritis715.88

Lupus 710.0

Hx ofStroke 437.9

Glaucoma 365

Restless Legs339.94

Fibromyalgia: 729.1

Rheumatoid Arthritis714.0

Neuropathy: 337.09

Emphysema or Chronic Bronchitis: 496

Patient or Legal Guardian Signature and Date:

Lyme Disease: 088.81

SMOKING HISTORY:

smoked for ____ years but quit ____ years ago.

currently smoking and started ____ years ago.

ALLERGIES

CURRENT MEDICATIONS - may attach separate list if needed

CLINICAL INFORMATION

Why are you coming to see John W. Grace M.D., P.A. ? What is your chief complaint?

Who referred you to John W. Grace M.D., P.A.?

Who is your Primary Care Physician:

SUICIDAL AND HOMICIDAL THOUGHTS

When was the last time you thought seriously of hurting yourself or others?

Do you have a plan in place to hurt yourself or others?

Do you have access to weapons or pills or other means of doing so?

Do you have a support system to talk to?

Is there a family history of harmful behavior?

Do you abuse alcohol or drugs?

Patient or Legal Guardian Signature and Date:

Is there any changes that make suicide more reasonable right now?

It is our recommendation that all firearms be removed from access from any patient under psychiatric care due to nature of the medications we prescribe but we respect an individuals right to keep and bear arms.

Will you follow this recommendation regarding firearms?

SOCIAL HISTORY (May Circle or ADD)

Place a star () next to things that mean a lot or really describe you.

I was raised in...

I am the oldest of...siblings

I am the youngest of...siblings

I am the middle of...siblings

I was an only child.

My father worked as a...

My mother worked as a...

I come from a loving, stable childhood.

I come from a very strict upbringing.

My father would yell often.

My mother would yell often.

My parents fought all of the time.

We grew up poor and this was difficult.

Money was tight but there was a lot of affection in our house.

I was a real hell raiser in teens.

I was a shy kid.

I struggled in school as a child.

Patient or Legal Guardian Signature and Date:

I was really popular in high school.

Other important information...

EDUCATION

I graduated high school

I am college educated.

I obtained an advance degree in....

OCCUPATION

I never held a job.

I worked for many years as....

I was a jack of all trades.

I never really found a career.

I has been disabled for...since...

My job was a big part of my identity.

ADULTHOOD

I was married for many years with stable, happy relationship with spouse and children.

I have never married.

I have never had children

I was married...times for...

I have...children in each marriage.

My life did not turn out the way as planned.

Patient or Legal Guardian Signature and Date:

RELATIONSHIPS

Relationships are a real problem for me.

I have a history of being taken advantage of.

I have a history of overreacting to stressors.

I tends to try to take care of people.

I have never gotten over...

My divorce crushed them.

I have no friends, family, or support.

TRAUMA QUESTIONS

I am a survivor of horrible childhood abuse.

I have experienced severe bullying in childhood.

I was sexually assaulted as an adult.

I have dealt with physically abusive relationships.

I was verbally abused in past relationships.

I have had a lot of trauma from medical procedures.

I have survived severe motor vehicle accidents.

I served in the military and experienced life threatening combat.

I have spent significant time incarcerated.

I have lost a young child.

COPING SKILLS

I am easily overwhelmed.

I can manage a lot of things but have a history of overextending myself.

Patient or Legal Guardian Signature and Date:

TELL US YOUR STORY

CIRCLE ALL THAT ARE APPROPRIATE

ADD WHERE NEEDED

Place a star () next to things that mean a lot or really describe you.

PSYCHIATRIC HISTORY

I attempted suicide....times.

I have never attempted suicide.

I was hospitalized...times with the last....years ago.

I have been in consistent psychiatric care for many years.

I was hospitalized in a psychiatric unit but not for many years.

I have undergone electroconvulsive therapy in the past.

I have never seen a psychiatrist or took any psychotropics.

I have never seen a psychiatrist but have been given...by another doctor.

I have been in counseling for extended periods of time.

MEMORY

I have had some significant memory issues for several years.

I have had visual hallucinations with memory loss.

Occasionally I have some memory issues when depressed or abusing substances.

I do not have problems with memory.

I have had problems inhibiting my behavior.

Patient or Legal Guardian Signature and Date:

TICS

Even though they are embarrassing and I can suppress them, I have tics. A tic is a sudden, repetitive, nonrhythmic motor movement or vocalization. Examples include abdominal tensing, toe crunching, eye blinking, and throat clearing.

I do not have tics.

HOARDING

I have a real problem holding onto things excessively, to the point that it affects my space or lifestyle.

I do not have problems with hoarding.

ANXIETY

I have really clear obsessions (with germs, numbers, rituals, etc) that take up at least thirty minutes of my day and sometimes many more.

I am highly sensitive to certain sounds.

I tend to worry about everything.

I have a habit of thinking in circles.

I can be obsessional.

I have had panic attacks.

I get frequent panic attacks.

I do not have anxiety problems.

SOMATIZATION

I have had a lot of physical complaints that seem related to emotional state.

Patient or Legal Guardian Signature and Date:

MANIA

I have a family hx. of bipolar disorder.

I have had really clear mania in past. Periods where sleep was not required without any feelings of tired. This was not related to either taking or withdrawing from any substances or medication.

I have a history of clear seasonality to mood.

I have had possible mania or cyclic irritability.

I am a night owl.

I deny difficulty with mania.

DEPRESSION

I have had multiple episodes of severe depression

I have never been a happy person.

I use to be a fairly happy person but it has been some time since they enjoyed anything.

I lack energy.

I lack focus.

I lack get up and go.

ATTENTION DEFICIT DISORDER

I have trouble focusing throughout life including paying attention throughout childhood in school.

PSYCHOSIS

I nearly always have some level of reality disturbance in the form of paranoia or hallucinations.

Patient or Legal Guardian Signature and Date:

I occasionally have disturbance in reality.
My mind sometimes plays tricks.
I have hallucinations.
I have circular thinking.
I have had command hallucinations in past.
I have had severe psychosis related to mood.
I have had some psychosis that is unrelated to mood, anxiety, or substance use.
I deny any history of psychosis.

ANGER PROBLEMS

I have a problem with temper.
I overreacts to stress.
I overreacts to small insults.
Is triggered by disrespect.
Is triggered by authority figures.
I can have severe anger during decompensation.

SUBSTANCE USE PROBLEMS

I have had a real problem with....
I am actively having a real problem with...
I self medicate with alcohol.
I sometimes uses substances inappropriately in an effort to improve functioning.
I self medicate with marijuana.
I used to use () heavily but not for many years.

Patient or Legal Guardian Signature and Date:

I have used formal treatment programs like...with success

I have experimented with drugs in youth but no heavy or consistent use in many years without necessitating formal treatment program.

I do not have any problems with substances.

PREVIOUS MEDICATION TRIALS

Which of the following medications have you had good/bad results after reasonable trials. (Circle and comment on each that apply.)

Antianxiety:: Lorazepam (Ativan), Alprazolam (Xanax), Diazepam (Valium), Buspirone (Buspar), Triazolam (Halcyon) Clonidine (Catapras), Prazosin (Mini-press), Hydroxyzine (Vistaril):.

Antidepressants Fluoxetine (Prozac), Paroxetine (Paxil), Sertraline (Zoloft), Venlafaxine (Effexor), Mirtazapine (Remeron), Bupropion (Wellbutrin, Zyban), Citalopram (Celexa), E-Citalopram (Lexapro), Amitriptyline (Elavil), Nortriptyline (Pamelor), Clomipramine (Anafranil), Doxepin (Sinequan), Vilazadone (Viibryd), Phenylzine (Nardil).

Mood stabilizers: Lithium, Valproic Acid (Depakote), Lamotrigine (Lamictal), Carbamazepine (Tegretol), Haloperidol (Haldol), Ziprasidone (Geodon), Olanzapine (Zyprexa), Quetiapine (Seroquel), Aripirazole (Abilify)).

Sleeping agents: Trazadone (Desryl), Melatonin, Ambien, Sonata, Lunesta, Restoril.

Patient or Legal Guardian Signature and Date:

Stimulants (Ritalin, Adderall, Dexadrine, Provigil, Nuvigil).

Cognitive Enhancers: Aricept, Exelon, Namenda

Other: Vitamin B12 Injections, Deplin, Sam-E, 5-HTP, CoQ10, Fish Oil, Flaxseed Oil, Melatonin, St. John's Wort

Review of Systems

Please let us know if you have any problems with the following systems either long term or short term. Read these carefully! Sometimes medical conditions can appear psychiatric. Circle all that apply. Describe in detail in space provided?

General Health: Recent Weight Loss or Weight Gain. Fever. Fatigue.

Skin: Have there been any changes in your skin? Your nails? Open sores or rashes? Itching? Have there been any lumps or moles that are new or changed? Any changes in the color of your skin?

Head: Have you had any headaches? Or Head Trauma? Or Seizures? Describe.

Eyes: History of Glaucoma? Difficulty with your vision? Flashing Lights? Hallucinations? Glasses?

Ears: Do you have any difficulties with hearing? Ringing in your ears? Sense of the room spinning? Ear pain?

Nose and Sinuses: Do you have a history or current stuffy or runny nose? Any nosebleeds?

Mouth, Throat and Neck: Any bleeding or soreness in your mouth or tongue? Any sore throats or hoarseness? Any swollen glands?

Patient or Legal Guardian Signature and Date:

Breasts: Any lumps or nodules in breasts? Any discharge from the breasts?

Chest: Any chest pains? Feeling of your heart beating too fast? Shortness of breath? High blood pressure or history of heart problems? Any wheezing? Swelling in the feet? Or coughs? Bloody or otherwise?

Gastrointestinal Tract: Have you had any problem swallowing? Any indigestion or heartburn? Excessive Gas? Abdominal pain? Nausea and vomiting? Diarrhea? Constipation? Increase or decreased appetite? Changes in your stool?

Urinary Problems: Increased or Decreased Urination? Problems urinating? Change in color or smell of urine? Change in frequency of urine? Urinating at night? Drinking a lot? Incontinence?

If you are a woman, do you menstruate regularly? Have you had changes in periods? Their Intensity or duration? Have you had any vaginal discharge or sexual problems? Have you ever been pregnant? Is there a chance your pregnant?

If you are a male have you had any sexual difficulties? Impotence? Erection Problems? Discharge from penis?

Musculoskeletal: Pain in Joints? In arms or legs? Swelling of feet or legs? Do you fingers change color in the cold? Is it one or many joints? Which ones? How long? Back Pain?

Nervous System: History of fainting or loss of consciousness? Seizures? Tremors? Weakness or unusual sensations? Tremors?

Hematological: Easy bruising or bleeding? Where, how intense?

Endocrine: Do you have intolerance of heat or cold? Do you eat or drink more than you have in the past?.

Patient or Legal Guardian Signature and Date:

Have you ever had transient loss of consciousness, blanking out, where you didn't remember where you were or how you got there? How often do these episodes last?

Have you ever traveled out of the country? Puerto Rico? Etc?

Have you ever been in other parts of the country? The midwest? The northeast? If so have you ever been bitten by a tick that you know of?

Have you ever lost movement or sensation in any part of your body? Where? Describe it?

Do you have any risk factors for HIV, Hepatitis C, or Syphilis? Unprotected sex? Blood Transfusions? IV Drug use in the past? Have you been tested for these conditions?

Do you have any arthritis that comes and goes?

Do you ever have flushing that comes and goes?

Patient or Legal Guardian Signature and Date:
