

OrthoSouth

PRE-APPOINTMENT INFORMATION LIST

A. DOCUMENTS

- a. Bring my disc of X-ray/CT scan/MRI if it was NOT ordered or performed by OrthoSouth.
- b. Bring my ACTIVE medication list (see template below for assistance).
- c. Bring my Workman's Compensation (WC) form if I WC referred me.
- d. Bring my Family Medical Leave Act (FMLA) form if I am requesting FMLA with my job. This will be completed if Dr. Abrams is the FIRST person I am seeing for this issue (*but not on the first visit*). If I have seen my primary care provider or other for this issue, they should continue to complete this form *until* it is established Dr. Abrams will be providing *chronic care for that specific issue*.
- e. Bring my Short-Term Disability (STD) form with me if I am requesting STB. This will be completed if Dr. Abrams is the FIRST person I am seeing for this issue (*but not on the first visit*). If I have seen my primary care provider or other for this issue, they should continue to complete this form *until* it is established Dr. Abrams will be providing *chronic care for that specific issue*.

B. ACTIVE MEDICATION LIST (pain medication and blood thinners)

Name	Dose	Frequency	Duration	Condition

C. INFORMATION I NEED TO KNOW

Medications I have tried and failed. Please note improvement in pain as minimal (0-25%), mild (26-50%), moderate (51-75%), or significant (>75%).

Name	Dose	Frequency	Duration	Side Effects	Improvement in Pain

D. PREVIOUS SPINAL INTERVENTIONS

Injections or spinal surgeries.

Procedure	Date	Physician Who Performed the Procedure	Location Performed	Improvement in Pain