A MULTIDISCIPLINARY APPROACH TO PAIN MANAGEMENT

PATIENT INTAKE PACKAGE

695 Chestnut Street Union, NJ — *40 Route 34 Old Bridge, NJ* — *141 Main Street S. Bound Brook, NJ* — *654 Broadway Bayonne, NJ*

Today's Date: *(Fecha)* ______________________

Reason for visit: ______________________________ Referred by: __________________________________
(Razon de la visita) *(Referido por)*

PLEASE PRINT

PATIENT'S NAME (last, first) *(Nombre de el paciente)*									
ADDRESS, CITY, STATE, ZIP *(Direccion, Cuidad, Estado, Codigo postal)*									
AGE *(Edad)*	**DATE OF BIRTH** *(Fecha de nacimiento)*	**SEX** *(Sexo)*		**MARITAL STATUS** *(Estado Civil)*					**SOCIAL SECURITY #** *(Numbero de Seguro Social)*
		M	F	S	M *(C)*	W *(V)*	D	SEP	
HOME PHONE #: *(Numero de telefono)*		**CELLULAR PHONE #:** *(Celular)*						**WORK PHONE & EXT. APPLICABLE** *(Trabajo)*	
Employer's Name *(Nombre de su empleado)*			**Address & Title** *(Direccion)*						
In case of an emergency contact: *(Contacto de emergencia)*			**Telephone No.** *(Numero de telefono)*					**Relationship** *(Relacion)*	

INSURANCE INFORMATION: *(Informacion de Seguro)*

Is your injury a result of an accident? *(Es su herida resultado de un accidente?)* **NO** **YES** Date of accident: *(Fecha de accidente)* __________________	If **yes**, please circle what type of accident you had: *(Que tipo de accidente?)* Motor vehicle *(Accidente de carro)* Worker's comp. *(Accidente de trabajo)* Slip & fall *(Caida)*
Primary Insurance Carrier: *(Seguro primario)*	Telephone No.: *(Numbero de telefono)*
I.D. / Claim No. *(Number de identificacion)*	Adjuster / Case Manager: *(Nombre de la persona encargada de su caso)*
Secondary Insurance Carrier: *(Seguro secundario)*	Telephone No.: *(Numbero de telefono)*
I.D. / Claim No. *(Number de identificacion)*	Group No.:
Tertiary Insurance Carrier:	Telephone No.:
I.D. / Claim No.	Group No.:

If you are being represented by an attorney, please supply us with their complete information:
(Si esta siendo representado por un abogado, porfavor escriba la informacion aqui)

Name: __________________________________ Telephone No.: ________________________________
Address, City, State & Zip: ____

Union Anesthesia & Pain Management

PAGE 2: PLEASE PRINT ALL INFORMATION

Height: ___________________ **Weight:** ____________________
(Estatura) *(Peso)*

Do you smoke? NO YES (how much?) ____
(Usted fuma?) *(Cuanto)*

Do you consume alcohol? NO YES (how often?) ____
(*Consume alcohol?)* *(Frequencia)*

Please date & list all surgical procedures you have had and describe any problems that might have occurred:
(Por favor de listar todas las operaciones que ha tenido y describa cualquier problema que haga ocurrido)

____
____
____
____

Have you ever had a serious problem with anesthesia? NO YES - Please explain.
(Alguna vez a tenido un problema serio con anesthesia?)

____
____

Please list all allergies to medication or food: *(Alergias a medicamento o comida)*______________________
____
____

Do you have a history of any of the following? (Please check)
(Tiene historia de:)

	YES	NO		YES	NO
Heart Conditions *(Condicion de corazon*			Physical limitations (*Limitaciones fisicas)*		
Mitral Valve Prolapse *(Prolaspse de la valvula mitral)*			Difficulty Urinating (*Dificulta orinado)*		
Pacemaker *(Marcapaso)*			Hearing Impairment *(Problema auditivo)*		
High Blood Pressure *(Presion alta)*			Diabetes *(Diabetes)*		
Asthma / Bronchitis*(Asthma/Bronchitis)*			Emphysema *(Emphysema)*		
Tuberculosis *(Tuberculosis)*			Seizures *(Epilepsia)*		
Ulcers *(Ulcers)*			HIV Positive *(VIH positivo)*		
Hepatitis *(Hepatitis)*			Other:		

*** IF YOU ARE ON ASPIRIN OR ANY BLOOD THINNERS, PLEASE NOTIFY THE DOCTOR FOR INSTRUCTIONS.**

Please list any and all medications, vitamins, and herbal supplements you are taking or have taken in the past 2 months: *(Porfavor de listar todas las medicaciones, vitaminas y suplementos naturales que ha tomado en los pasados dos meses)*

____
____
____

Patient signature: X____________________________________ Date: _______________________
(Firma) *(Fecha)*

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CONSENTS:

Patient name: _____________________________ **Date: ____________________**

ASSIGNMENT OF BENEFITS AND INSURANCE AUTHORIZATION

I hereby authorize ***Union Anesthesia Associates, P.A & Outpatient Anesthesia Associates*** to furnish information to insurance carriers concerning my illness and treatments. I hereby assign all payments, for medical services rendered to myself or my dependent, to the physicians. I understand that I am responsible for any amount not covered by my insurance.

I am assigning all my rights unconditionally to ***Union Anesthesia Associates, P.A & Outpatient Anesthesia Associates*** to pursue any medical bills, relating to treatment or care by this office in addition to the above.

X______________________________
Patient signature

NO FAULT AND/OR WORKER'S COMPENSATION PATIENTS

I hereby authorize the release of my medical chart, bills and/or any other information related to my treatment, to my attorney ____. I further authorize ***Union Anesthesia Associates, P.A. and Outpatient Anesthesia Associates, P.A.*** to pursue payment of my bills.

I understand that all medical bills will be submitted to the responsible insurance carrier and will ***only*** be submitted to my medical insurance carrier in the event that payment is denied and/or there is a remaining balance, which I am responsible for.

I understand that I am directly and fully responsible for all medical bills submitted by you for services rendered to myself or my dependent and that this agreement is made solely for your additional protection and in consideration of your awaiting payment. I further understand that your attorney, if needed will arbitrate my bills for payment.

X______________________________
Patient signature

HIPPA PRIVACY ACKNOWLEDGEMENT

I, ____________________________, acknowledge that I have been provided with a copy of Union Anesthesia Associates, P.A. privacy notice.

This notice is effective as of today's date.

X______________________________
Patient Signature

PHOTOGRAPH CONSENT

I, ______________________________, authorize my picture be taken. I understand that my photograph will be attached to my medical chart and only used for identification purposes. I understand & do not authorize my image be used for any other purpose.

X_________________________________
Patient Signature

( ) Declined - You may opt not have your photograph taken but must supply us with picture identification for our records.

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Disclosure:

"Public law of the State of New Jersey mandates that a physician, chiropractor or podiatrist inform his patients of any significant financial interest he may have in a health care service."

Accordingly, we wish to inform you that the doctors of Union Anesthesia Associates does have a financial interest in:

Middlesex Surgery Center
Surgery Center at Millburn
Endo SurgiCenter

You may, of course, choose to have your treatment at any of the health care facilities that we participate with.

Please note: If you request or require anesthesia at Middlesex Surgery Center or Endo SurgiCenter, it will be provided and billed by Outpatient Anesthesia Associates, LLC, which is the same ownership as Union Anesthesia Associates.

I have read the above and understand.

X______________________________________ Date: ________________

Signature of patient

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FACILITY DIRECTIONS

695 Chestnut Street	*40 Route 34*	*141 Main Street*	*654 Broadway*
Union, NJ	*Old Bridge, NJ*	*S. Bound Brook, NJ*	*Bayonne, NJ*

***MIDDLESEX SURGERY CNTR* 732-494-8800 1921 Oak Tree Rd., Edison, NJ 08820**

Garden State Parkway:

1. **Exit #131**, Rt. 27, ISELIN/RAHWAY/METUCHEN – **do not take exit 131A or 131B**
2. Merge RIGHT onto NJ-27/LINCOLN HWY
3. Between BP & Exxon gas station, turn RIGHT onto Wood Ave. at the traffic signal
4. At the next traffic signal, turn LEFT onto Oak Tree Road
5. After passing Edison Family Restaurant, Surgery Center will be on left #1921

***ENDO-SURGI CENTER* 908-686-0066 1201 Morris Ave., Union, NJ 07083**

Garden State Parkway (Northbound):

1. **Exit #140** onto Route 22 East
2. Turn right onto Route 82 (Morris Ave.)

Garden State Parkway (Southbound):

1. **Exit #140A** onto Route 22 West
2. Turn right onto Route 22 East Turn right onto Route 82 East (Morris Ave.)

***OVERLOOK PAIN MANAGEMENT CNTR* 11 Overlook Rd., Summit, NJ 07910, SuiteB110**

Garden State Parkway (Northbound):

1. **Exit #142.** You must take the **exit immediately after the toll plaza** (stay to the extreme right at toll plaza).
2. Proceed 1 mile on I-78 East before following signs to make a U-turn to I-78 West.
3. Take I-78 west to Route 24 West (stay in right lane).
4. Take exit marked Millburn, Springfield, Summit.
5. Bear right onto Broad St. & go through four lights (one light is a blinking light).
6. At fourth light, make sharp left onto Overlook Rd. - Park in E. Garage (2nd parking lot on right).

Garden State Parkway (Southbound):

1. **Exit #142** to I-78 East to Route 24 West.
2. Take exit marked Millburn, Springfield, Summit.
3. Bear right onto Broad St. and go four lights (one is a blinking light).
4. At fourth light make sharp left onto Overlook Rd. - Park in E. Garage (2nd parking lot on right).

***SURGICAL CENTER @ MILLBURN* 973-912-8111 37 East Willow St., Millburn, NJ 07041**

I – 78 West:

1. Exit 50B toward Millburn / Maplewood.
2. Turn right onto CR-630 / Vauxhall RD / CR-30
3. Turn left onto NJ-124 W / Springfield Ave. for 1.5 miles
4. Turn right onto Main Street / CR-9 & continue for ½ mile.
5. Turn right onto E. Willow Street.

***AMBULATORY SURGICAL CENTER* 908-688-2700 950 W. Chestnut St., Union, NJ 07083**

Garden State Parkway (Southbound):

1. **Exit 140A** & follow all arrow sign for Rt.22 West. The center is 0.5 miles past the American Flag Store.
2. Make a sharp right immediately before the Storage Post onto Fairway Drive.
3. Go one short block & make a right onto W. Chestnut St.

Garden State Parkway (Northbound):

1. **Exit 139B** onto Chestnut St. & stay in the left lane.
2. Go under Rt. 22 overpass & make a left onto W. Chestnut St.

***CNTR FOR AMBULATORY SURGERY* 908-233-2020 1450 Rte 22 W., Mountainside, NJ 07092**

Garden State Parkway (Southbound):

1. **Exit #140A** onto Rt. 22 W. Continue for approx. 5 miles. Center will be immediately after the New Providence Rd. light.

Garden State Parkway (Northbound):

1. ***Exit #135*** *onto Central Ave. Continue to the end of Central Ave. (approx 5 miles). Make right onto E. Broad St. & a quick left onto Mountain Ave. Continue to first light. Turn left onto New Providence Rd. Turn left onto Rt. 22 west. The Center is immediately on your right.*