

What is your age? ____ Please let Dr. Geller know if you wish for him to teach you any **home exercises to help with pain**.

Please write 1-2 sentences about any **new or stopped medications**, new issues, functional benefits from treatment,...

Please state recently achieved **short term goal** from pain management. _____

Please state recently achieved **long term goal** from pain management. _____

Have you added or increased any **nonpharmacologic pain treatments**? _____

Any planned upcoming vacations over the next 28 days to be unavailable for drug testing/pill counting? _____

If you do not pick up the phone for pill counting, ... calls or do not come to Dr. Geller's office then you need to immediately taper your opioids as they cannot be safely prescribed. **You must carry your phone with you at all times** as drug testing is fundamental to legitimate medical opioid treatment in the course of usual and appropriate pain management.

What can you do that you could not do without care from Nashua Pain Management Corp. (NPMC)? **(CIRCLE)** gardening, shovel snow, cut grass, mop, sweep, vacuum, stand to wash dishes, sit for ____ hours, climb/descend stairs, wash counters, empty dishwasher, dance, walk for ____ minutes/distance, run, bake, pick up kids, shop at supermarket, carry groceries, wash laundry, **work** ____ hrs/wk., play w. kids, paint, pull weeds, bowling, hiking, camping, fishing, woodworking, walk dog, less missed time from work, take care of ____, rake leaves, babysit ____ hrs/wk.. Anything else? _____

Do you need any non-narcotic medication refills? _____

Do you wish to trial any new non-narcotics? _____

On a scale of 0-10, if 10 is amputation intensity and zero is no pain, how **SEVERE** is your pain when the injections wear off? _____

On a scale of 0-10, how **LOW** did your pain intensity get over the past 4 weeks **AFTER** the local anesthetic injections? _____

PLEASE CIRCLE the TOP TEN characters of your pain: pulsing, throbbing, beating, pounding, flashing, boring, drilling, pinching, pressing, gnawing, cramping, crushing, tugging, pulling, hot, tingling, itchy, dull, sore, hurting, aching, heavy, tender, taut, spastic, sickening, suffocating, terrifying, cruel, burning, sharp, annoying, troublesome, intense, spreading, radiating, piercing, tight, tearing, nagging, searing, electric.

Have you violated federal & State NH laws by filling an opioid prescription from any other source for any reason? YES NO

Have you used cocaine, heroine, illicit (no card) marijuana, or any illegal drug within the last six months? YES / NO

Are you consuming any new (Ambien, Sonata, Lunesta) or old **benzodiazepines** (Valium, Xanax, Ativan, Klonopin, Restoril,...) as **not permitted** by Dr. Geller if opioids are to be consumed? YES NO

Any concerns that you may be becoming addicted (feeling "high" or experiencing euphoria/craving) to the medication? YES NO

Do you feel **mood depression** to the point of hurting yourself / need hospitalization as a potential side effect of opioids? YES NO

Any **new arrests** for driving under the influence or for any reason whatsoever? YES NO

Any **falls or dizziness** or poor balance or blurred vision from your medications? YES NO

Are you using any **illegal substances** such as heroin, cocaine, Ecstasy, LSD, heroin, bath salts,... YES NO

Are you consuming any **illegally obtained prescription opioids** (any opioids not prescribed by NPMC). YES NO

Have you ever felt the need to Cut down on your **drinking** (or drug use)? YES NO

Have people Annoyed you by criticizing your drinking (or drug use)? YES NO

Have you ever felt bad or Guilty about your drinking (or drug use)? YES NO

Have you ever needed an "eye opener" 1st thing in the morning to steady your nerves or get rid of a hangover? YES NO

If you are taking opioids, are you having **UNTREATED constipation**, nausea, itching, sedation, falls side effects? YES NO

I am interested in referral to another pain clinic for potentially longer lasting pain relief to the same nerves in terms of deeper procedures such as radiofrequency rhizotomy to melt the nerve, chemical neurolysis with alcohol or phenol injection to melt the nerve, or implantation of a neuromodulator by Dr. Geller's anesthesiology pain clinic colleagues who can also be seen for epidurals, facet blocks, medial branch blocks, root blocks, S-I joint injections, ... should patients ask for referral. YES NO

I am interested in **referral for non-pharmacologic pain treatment** with physical therapy, yoga, osteopathic manipulation, Tai Chi, Reiki, pain hypnosis, pain psychology / cognitive behavioral therapy, ... as **safer than opioids** or supplemental. YES NO

I have **covid symptoms** (fever, chills, cough, difficulty breathing, fatigue, new aches, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) within the past 48 hours. YES NO

Within the past 14 days you have been in close physical contact (6 feet or closer for 15 minutes) with anyone with laboratory confirmed covid AND / OR anyone who has any symptoms of covid AND / OR worried that you may have covid AND / OR currently waiting on the results of a covid lab test? YES NO

I understand that I **cannot crush or chew my opioid** and that I must swallow it whole at the time specified by Dr. Geller. YES NO

Do the opioid medications still provide **pain relief ANALGESIA** without **euphoria / high**? YES NO

Have you read the safety information information for the month such that you can discuss any questions with Dr. Geller? YES NO

I understand that at any time I can go to another pain clinic if I want more opioid than Dr. Geller feels is safe in my care. YES NO

I understand that opioids are only one option of many and I can ask Dr. Geller for non-narcotic trials that he can offer. YES NO

I understand the expectation for me to protect my medications via vault/lock-box as I understand risks if consumed by a non-patient. YES NO

I understand that I cannot hoard extra narcotics and I will ask Dr. Geller for a lower dose if I have leftover tabs of medication. YES NO

My pain is in the same distribution as prior visits and is not spontaneously going away. YES NO

I have read the new informed consent, 8 page HIPAA patient privacy form posted in the waiting room and understand my privacy rights. YES NO

Signature: _____

Printed Name: _____

DATE: __ / __ / __

Are you consuming RX'ed opioids as RX'ed, ready for **drug testing anytime within 30 minutes**, including today. YES NO
 Are you prepared for immediate **pill counting** at any time to support the absence of abuse? YES NO
 I am aware that **I can ask Dr. Geller** for **Narcan rescue or referral for Suboxone** if I have a **heroin** problem for which I need help. YES NO
 I take my opioid medications as prescribed as I understand **early consumption is misuse** which may lead to addiction, death. YES NO
 I am not an alcoholic and I understand the risks for death with **alcohol** with opioid meds and/or driving and/or prior to sleep as I understand that most opioid deaths are from ventilatory suppression during sleep, often with alcohol, benzodiazepines, or barbiturates (Soma) YES NO
 I understand the need to take a formal driving exam as well as sleep with a pulse oximeter taped to my finger for optimal opioid safety. YES NO
 I only consume only safe quantities of alcohol (zero to **one glass for women, zero to two glasses for men**) YES NO
 I understand that Dr. Geller reviews the NH Prescription Drug Monitoring Program frequently as seeing 2 opioid prescribers is illegal YES NO
 I understand that the DEA classifies **marijuana** as a schedule I substance illegal to acquire, consume such that if my drug testing identifies THC then it is analogous to "you cannot be just a little bit pregnant" in that opioids will be stopped unless I have a medical prescription for marijuana from a licensed clinician AND I agree to not drive within 12 hours of consumption. YES NO

PHQ-2 Depression Screen: Are you depressed or potentially going to harm yourself with opioids or other ways? YES NO

For each of the two PHQ-2 Questions, please answer **0-3** (0=not at all, 1=several days, 2=more than half the days, 3=nearly daily)

Over the past 2 wks, have you been bothered by Little interest/pleasure in doing things? _____ **(please answer 0-3)**

Feeling down/depressed/hopeless? _____ **(please answer 0-3)**

Current Opioid Misuse Measure (COMM) Please see posted on waiting room wall for 17 questions of inquiry. My **total**: _____

PEG SCALE - Please **add the three numbers** to tell Dr. Geller to monitor for anxiety, depression,... My **total score**: _____

1. What number best describes your PAIN ON AVERAGE in the past week?

0 = No pain.

1,2,3,4,5,6,7,8, or 9 = Progressively higher pain.

10 = Pain as bad as you can imagine.

2. What number best describes how, during the past week, pain has interfered with your ENJOYMENT OF LIFE?

0 = Does not interfere.

1,2,3,4,5,6,7,8, or 9 = Progressively greater interference.

10 = Complete interference.

3. What number best describes how, during the past week, pain has interfered with your GENERAL ACTIVITY?

0 = Does not interfere.

1,2,3,4,5,6,7,8, or 9 = Progressively greater interference.

10 = Complete interference.

I understand that injections today or in the future **necessitates informed consent** as even superficial injections may cause infections with need for IV antibiotics, surgery, sepsis as well as allergic reaction, skin lesions (hematoma, lipoatrophy,...), hypotension, falls, brain / spinal cord injuries, fractures, ventilatory paralysis, death, lung collapse, myoatrophy, increased pain, fibrosis, stroke, arterial & nerve puncture, cardiac arrhythmia, hair loss, death, weakness, and other complications and I wish to proceed with injections to supplement my pain management **to minimize my opioid needs and if they do not sufficiently help then Dr. Geller is happy to refer me to his anesthesiology pain management colleagues.**

Please understand that **Dr. Geller is available 24/7** and you can call anytime for referral for misuse or abuse, mood depression,... if this develops as well as any pain issue. Please do not wait for your next office visit. You can also seek direct immediate assistance with substance use problems by calling the **New Hampshire Statewide Addiction Crisis Line** toll-free at **1-844-711-HELP (4357)** or via email: [hope@keystonehall.org]hope@keystonehall.org.

I understand that it is my responsibility to keep track of referrals, as I am responsible for visits if I run out of referrals. I understand that NPMC does not accept cash or change of coverage to Medicare or Medicaid as his panel is full and I will need to find a new doctor if this occurs. I understand the policy of **\$50 no-show fee** if I call to cancel **within 48 hours** of the appointment or **\$75 no-show fee** if I do not call 603-233-6317 until after the appointment. I agree to pay collection fee costs plus 5% annual interest if I do not pay my bills within 2 months. I understand that Dr. Geller does not wish to falsely portray inattentiveness to detail to the regulators and jeopardize being able to help patients for years to come and so behavior suggestive of misuse or abuse (addiction / diversion) will terminate the opioid trial, but I can be seen for non-narcotics. I agree that the board of medicine and Federation of State Medical Boards endorse chaperones in the office and Dr. Geller's achieves this with real time audiovideo monitoring and recording via office camera to Sharon Geller, Master's Degree in Physical Therapy as chaperone. I understand that I may go through withdrawal with abrupt termination of opioids if pandemic occurs. I agree that if I drive while ingesting opioids, marijuana, or alcohol then I alone am responsible if I get into an accident, especially if opioid dose has been increased within 72 hours. I agree that if I **miss my appointment**, my meds are lost/stolen, or I lose my insurance, then I may run out of opioids and experience rare but potentially life threatening **opioid withdrawal** as well as severe nausea & pain as Dr. Geller may not be able to see me for a week or longer, though he can call non-narcotic prescriptions to my pharmacy. I agree to risks of acute withdrawal if a societal or weather event makes face to face medical care too dangerous as assessed by NPMC or if NPMC cannot reach me to reschedule. I will alert Dr. Geller if I consume any new meds as some dangerously interact with opioids. I understand that if I have any question whatsoever if a new medication is a narcotic then I will call Dr. Geller before filling it to avoid termination of opioids. I understand that if I no-show then this will be a statement of self-discharge with 30 days of subsequent non-narcotic care offered.

Signature: _____ **Printed Name:** _____ **DATE:** ____ / ____ / ____ **BEST DAY PHONE #** _____