WVUMedicine

SPINE AND NERVE CENTER

400 Court Street
Suite 100
Charleston, WV 25301
Phone / 304-347-6120
Fax / 304-347-6142

We have great pride in our team, the WVU Healthcare family and our community.

To make your visit more productive please read these tips for an optimized experience:

For your first appointment please arrive at least 30 minutes before your scheduled appointment time.

Your first appointment will give you the opportunity to meet the staff and providers.

During your visit, you and the provider will discuss, in detail, what services offered would be most beneficial to you. What do I bring?

- Completed packet forms
- Your insurance cards
- Photo ID
- A copy of your MRI and/or CT scan with both the report and films on a readable CD Rom.
- A copy of your X-ray, EMG/NCS, and lab work if they have been performed in the past 6 months.

Please note, your first appointment is just a consultation. There will be no interventions performed and no controlled substances of any type given at this visit.

We look forward to helping you get back to the things that matter most in your life.

WVU MEDICINE THOMAS HOSPITALS/SAINT FRANCIS CAMPUS
SPINE AND NERVE CENTER ON COURT STREET – NEW PATIENT PACKET

Dr. Timothy Deer M.D. Dr. Christopher Kim M.D.
Dr. Brad Lindsey M.D. Dr. Ryan Budwany MD
Wilfrido Tolentino PA-C Ashley Comer FNP Tara Tackett FNP Danielle Molina PA-C
Stacey Wyatt, Director

Dear Patient,

Please complete the following information prior to your initial consult with your Spine and Nerve Center Physician. **Please turn this form into the front desk upon your check-in.**

Patient Name: _____ **Date of Birth:** _____

Reason for Referral: _____

Check Yes or No and List if applicable

Yes	No	*Please Complete the following:*
☐	☐	Primary Care Physician: _____
		Have you seen any of the following?
☐	☐	Neurologist: _____
☐	☐	Neurosurgeon: _____
☐	☐	Orthopedic Surgeon: _____
☐	☐	Other Pain Physician: _____
☐	☐	Rheumatologist: _____
☐	☐	Other Physicians: _____

Current Work Status:

☐ Working Full Time ☐ Working Part Time ☐ Retired ☐ Unemployed ☐ Disability Benefits ☐ Homemaker

Social History:

☐	☐	Tobacco Use (Smoker/Former Smoker/Chew/Vape) If so, how much? _____
☐	☐	Alcohol Use (Social/2 or more daily/2 or less daily): _____
☐	☐	Drug Use: _____

Family History: (*Mother/Father/Brothers/Sisters* have any of the following…)

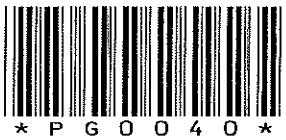
☐ Diabetes ☐ Cancer ☐ Heart Disease ☐ High Blood Pressure ☐ Stroke ☐ Heart Attack

OTHER Please list: _____

Past Medical History: (Self)

☐ Arthritis ☐ Depression ☐ Seizure Disorder ☐ Diabetes ☐ TIA/Stroke ☐ COPD
☐ Heart Attack ☐ Hepatitis ☐ Asthma ☐ High Blood Pressure ☐ Thyroid Disorder ☐ Cancer

OTHER Please list: _____



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THOMAS HOSPITALS

USE LABEL OR PRINT PATIENT ID HERE

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Patient Name: _____ Date of Birth: _____

Medication Name, Dose:	# per day:	Dr. Prescribing Medication:

Please complete medication list on back (if needed)

Please List Previously Used Pain Medications	Length of Time Taken	Effect (help or not help)

* P G 0 0 4 0 *

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Patient Name: _____ Date of Birth: _____

Please complete any additional surgeries and/or allergies on back (if needed)

Previous Surgeries:	Doctor that performed surgery:

Allergies: (Medications/Food/Environmental, etc.)	Reaction: (rash/hives, shock/unconscious, itching, etc.)

Patient Signature: _____ Date: _____ Time: _____

* P G 0 0 4 0 *

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Patients can now complete and submit release form electronically

Scan this QR code with the camera from your phone or tablet

Or go directly to **bit.ly/ThomasMedicalRecords**

AUTHORIZATION/CONSENT FOR THE RELEASE OF MEDICAL RECORDS

I hereby authorize Thomas Hospitals (Saint Francis Hospital, Thomas Memorial Hospital, and/or Thomas Hospitals Physician Partners) and/or _____ to release the following information from the medical records of

Patient Name _____ **Date of Birth** _____

Street Address (City/State/Zip) _____ **Phone** _____

Email Address _____

Treatment Date(s) _____

Information to be released:

- ☐ Face Sheet
- ☐ History & Physical
- ☐ Operative Report
- ☐ Discharge Summary
- ☐ Other _____
- ☐ Consultation
- ☐ Progress Notes
- ☐ Test Results
- ☐ Emergency Room Record
- ☐ Billing
- ☐ Films on CD
- ☐ Alcohol and/or Substance Use Records — Initial _____
- ☐ HIV Information — Initial _____
- ☐ Psychiatric Records — Initial _____

Information is to be released to: _____

Purpose of release/disclosure: _____

Format Requested: ☐ Paper ☐ Email ☐ CD ☐ Fax (*only applies to other Medical Facilities*)

I understand that this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance of this consent.

Specification of the date, event, or condition upon which this consent expires **(not to exceed six months from the date of signature/ execution of consent).** _____

Thomas Hospitals, its employees/agents/officers and attending physicians, are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein.

Treatment, payment or other benefits may not be conditional upon execution of this authorization. Any protected health information disclosed per this authorization may be re-disclosed by the recipient.

_____ _____

Patient or Representative Signature **Date**

_____ _____ _____

Relationship to Patient **Identify Verification** **Verified by (Name)**

_____ _____

Witness **Date**

**There is a fee charged for the retrieval and copying/reproduction of all records.

WVU Medicine Thomas Hospitals - Saint Francis | 333 Laidley Street | Charleston, WV 25301 | Ph: 304.347.6606 | Fax: 304.347.6274
WVU Medicine Thomas Hospitals - Thomas Hospitals Physician Partners | 400 Division Street, Suite 2 | South Charleston, WV 25309 | Ph: 304.347.6606 | Fax: 304.347.6274
WVU Medicine Thomas Hospitals - Thomas Memorial | 4605 MacCorkle Ave., SW | South Charleston, WV 25309 | Ph: 304.347.6606 | Fax: 304.347.6274

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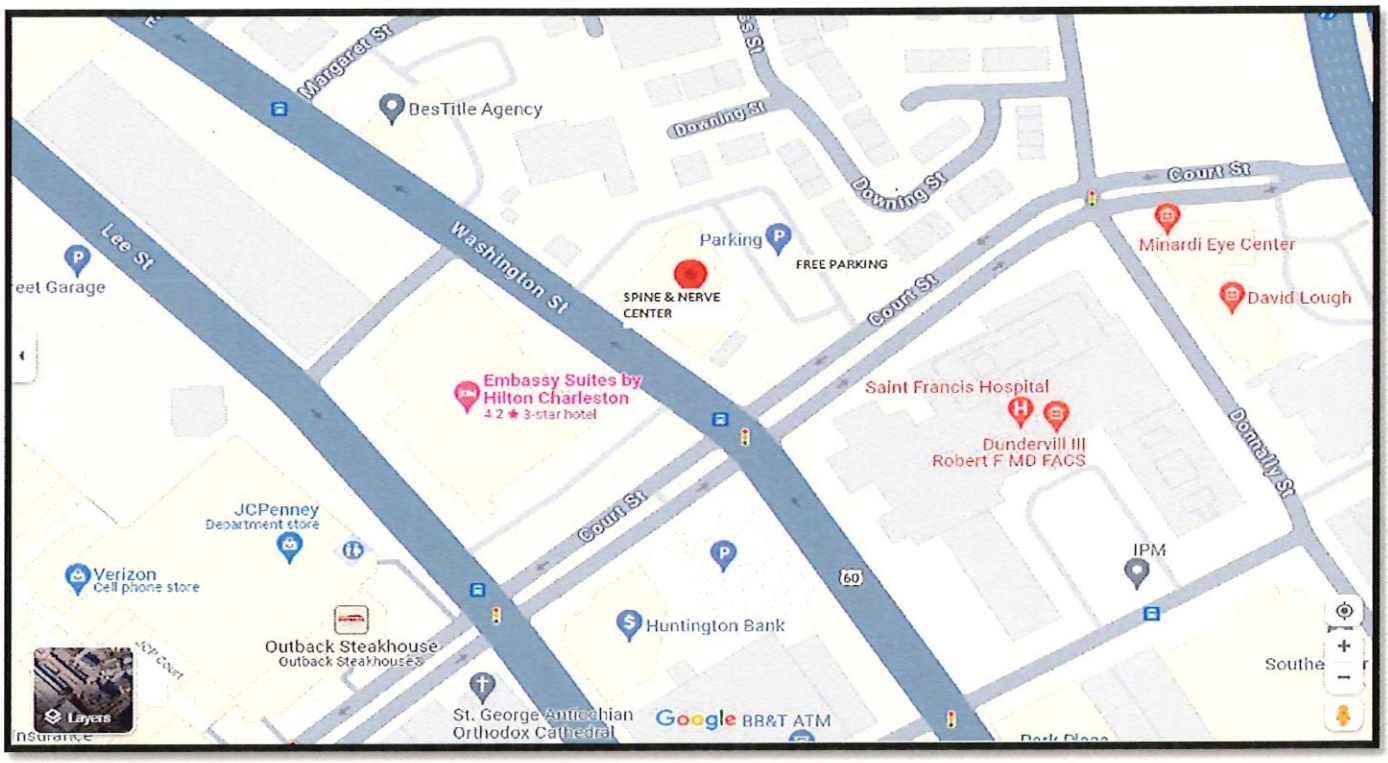
400 COURT STREET SUITE 100 CHARLESTON, WV 25301

(ENTER THE PARKING LOT FROM WASHINGTON STREET) PARKING IS FREE.



IF YOU ARE TRAVELING FROM I64 WEST OR I77 SOUTH: (COMING TO CHARLESTON)

Take Exit 100/Leon Sullivan Way. Go to bottom of ramp and make a right onto Washington Street. Stay to the furthest right hand lane and go four to five blocks until you see St. Francis Hospital. We are the three story pink building on the corner of Washington Street & Court Street.

IF YOU ARE TRAVELING FROM I64 EAST: (COMING TO CHARLESTON)

Take Exit 58C/Lee Steet. Go to bottom of ramp and make a right onto Lee Street. Stay in the furthest right hand lane and go 2 blocks (this should put you on the corner of Lee St. & Court Street). Turn left onto Court Street, go one block and then turn left onto Washington Street. We are the three story pink building on the corner of Washington Street & Court Street.