

UWHC PAIN PROCEDURE REQUEST FORM

DATE OF REQUEST _____

PATIENT _____ UWHC MR # _____ DOB _____

PATIENT'S WEIGHT _____ HOME # _____ WORK/CELL # _____

PCP _____ REFERRING MD _____ PH # _____

DIAGNOSIS _____

PROCEDURE REQUESTED #1 _____ #2 _____

EMERGENT PROCEDURE YES _____ NO _____ IF YES, INDICATE WHY _____

INSURANCE _____

PLEASE VERIFY WITH PATIENT:

DRUG ALLERGIES _____

Is patient allergic to any of the following? * Seafood * Contrast dye * Iodine * Betadine * Latex * Tape * Steroids*
* Local anesthetics * (Please circle all that apply)

Is patient currently taking * Aspirin * Anti-inflammatories * Ticlids * Heparin * or * Coumadin? (Please circle all that apply.)
(No aspirin 14 days to procedure. No anti-inflammatories 2-3 days prior to procedure.)

Does the patient need prophylactic antibiotics before any procedure such as a dentist appt? _____

Does the patient have any concomitant medical illnesses or conditions? Circle if present: * Diabetes * Seizures * Kidney/Liver disease * Immune-suppressed * Artificial heart valve * Prosthetic joints * Transplant * Cardiac or respiratory disease (including asthma) * HIV * Hepatitis C * Glaucoma* or Pregnant *

Describe any past problems with anesthesia or procedures: _____

Signature of person completing form: _____

Name of person answering above questions if not patient _____

If the patient has had previous spinal surgery, we will need post-fusion MRI or CT scan.

PRE-PROCEDURE GENERAL INFORMATION: (PLEASE REVIEW WITH PATIENT)

- YOU MUST BE HEALTHY ON THE DAY OF THE PROCEDURE
- NO SOLID FOOD 6 HOURS PRIOR TO PROCEDURE. CLEAR LIQUIDS 2-6 HOURS PRIOR TO PROCEDURE. STOP ALL LIQUIDS 2 HOURS PRIOR TO PROCEDURE. PLEASE DON'T ALLOW YOURSELF TO BECOME DEHYDRATED.
- TAKE ALL ROUTINE MEDICATIONS INCLUDING PAIN MEDS UNLESS INSTRUCTED OTHERWISE BY YOUR PRIMARY MD OR CLINIC STAFF.
- YOU MUST HAVE A DRIVER WITH YOU.
- BRING ALL X-RAYS, MRI'S, AND CT SCANS IF DONE SOMEPLACE OTHER THAN UWHC.
- FAILURE TO COMPLY MAY MEAN YOUR PROCEDURE MAY HAVE TO CANCELLED OR RESCHEDULED.

TO SCHEDULE OR CANCEL A PROCEDURE CALL JOYCE JEARDEAU @ 608-444-7421 OR PAGER #5016.
IF YOU NEED TO SPEAK WITH A NURSE PLEASE CALL MAUREEN FRAWLEY RN IN THE APC @262-0350 OR
PAGER #7718 IN THE PAIN CLINIC-CINDY WOODFORD RN @265-1729 OR PAGER #7688
FAX THIS FORM TO 608-263-0135

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