



Randall J. Franiak, M.D.

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Patient Demographic Information

Patient Name _____	DOB _____	Age _____
Gender M F		
Home Phone _____	Cell Phone _____	Work Phone _____
Caregiver or Driver name & phone # (if applicable) _____		
Home Address _____		

Workman's Compensation Information: *(If applicable)*

Employer _____	
Workman's Compensation Contact _____	
Phone # of Workman' Comp Contact _____	Fax # _____
Authorization Information _____	

Primary Insurance _____
Secondary Insurance <i>(if applicable)</i> _____

Are you covered by any **Medicaid Plan or **HIP Plan**? YES NO*

** Please inform us if you are covered by any Medicaid plan, as either primary or secondary coverage.*

** We will need to see your insurance cards and photo ID at your appointment. Thank you.*

Primary Care Provider (family doctor) _____	Phone # _____
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**Please note, if you are a patient referred for medication/narcotic management, you must have and maintain care with a primary care provider. We will coordinate care with your PCP.*

Thank you so much for choosing Advanced Pain Management of Central Indiana

Your new patient appointment is scheduled for _____

Please arrive at _____

Location _____

Please inform us if you are taking **Blood Thinners**, such as Plavix, Coumadin, Warfarin, high-dose aspirin, Ticlid, Aggrenox, Effient, Xarelto, Arixtra, Brilinta, or any medication that thin your blood. This is very important.

Please inform us if you are pregnant.

If you are having a procedure, at any of our locations, you must have a driver. If you are having a procedure at one of the surgery centers, you need to avoid eating prior to your procedure. (If you are having a procedure at our Fishers/Main location, you do not need to avoid eating.)

Directions to Fishers / Main Office

10412 Allisonville Road, Suite 100, Fishers, In 46038 phone 317-572-2240

We are located in the Allisonville Professional Building, which is on the west side of Allisonville Road, across from the Fishers Fire Station. We are just north of Allisonville Meadows Rehabilitation Center. If you are coming from I-465, exit onto Allisonville Road heading north. Go north past the Castleton Square Mall area. Go north on Allisonville past 96th street. We are on the left. If you are coming south on Allisonville Road, from 116th street, go south of 106th street (the municipal airport is on your left), we are on the right across from the fire station.

Directions to Indiana Surgery Center East (at Community Hospital East Campus)

5445 East 16th Street, Indianapolis, IN 46218 317-355-7000

The surgery center is on the corner of East 16th street and North Ritter Ave, on the Community Hospital East campus. From I-70 you can take the exit to North Emerson Ave, heading south. Go down to E 16th street, turnleft, heading east, the campus will be on your right.

Directions to Hancock Surgery Center (at Hancock Regional Hospital)

801 N State Street, Greenfield, IN 46140 317-462-5544

The surgery center is located at Hancock Regional Hospital. It is attached to the hospital at the south end, on the corner of State Street (State Road 9) and Boyd Ave. From I-70 go south on State Road 9, the hospital is on the left. Go to the doors on the far south end (on the corner of Boyd Ave). The information desk & surgery center is just inside the doors.

Current Medications

Please list ALL medications you take from ALL providers. (Or attach a separate list.)

Please include over-the-counter meds you take on a regular basis

Name of Medication <i>Example: Plavix</i>	Strength <i>Example: 10 mg</i>	# of Pills <i>Example: One</i>	How many times per day <i>Example: Once daily</i>	Prescriber <i>Example: Family doc, Dr. Jones</i>

Do you have **Allergies** to any medications, dyes, latex or adhesive tape? _____

Common allergies/ Penicillin Erythromycins Sulfa drugs Latex
 Adhesives (like tape, or band-aids) Morphine or narcotics

Do you take **Blood Thinner** medications? ***IMPORTANT***
Examples of Blood-thinners include Plavix, Coumadin, Warfarin, Aggrenox, Pradaxa, Effient, Lovanox, Jantoven, Eliquis, Xarelto, Arixtra, Brilinta, or high-dose Aspirin
 _____ No Blood Thinners

If you do, who prescribes this for you? _____ Phone # _____
You may be requires to stop this medication prior to your procedure. Do NOT stop taking your Blood Thinner medication unless/until instructed to do so by the provider that prescribes it.

Do you have a **Pacemaker** or **Defibrillator**? NO YES *If yes, who is the maker of the device?* _____
Example: Medtronic, St. Jude, Boston Scientific

Who is your cardiologist? _____ Phone # _____

Are you CURRENTLY experiencing any of the following health problems/symptoms?

Constitutional

- Fever
- Chills
- Sudden weight loss
- Night sweats
- Fatigue
- Sudden weight gain
- Easy bruising

Head & Neck

- Do you wear glasses/contacts?
 - Cataracts
 - Glaucoma
 - Vision loss/blindness
 - Sinus problems
 - Swallowing problems
 - Facial pain
 - Other problems of the head & neck
-

Cardiovascular

- Chest pain
- Shortness of breath
- Irregular heartbeat
- High blood pressure

Respiratory

- Asthma/difficulty breathing
- Sleep apnea (waking up because you can't breathe)
- Persistent cough
- Pneumonia or respiratory infection
- Other _____

Gastrointestinal

- GERD (acid reflux)
- Stomach pain
- Constipation
- Diarrhea
- Irritable bowel (IBS)
- Other GI problems

Musculoskeletal

- Joint pain (s)
- Swollen joints
- Stiffness in joints
- Limited mobility
- Neck pain
- muscle weakness

Skin

- Rash
- Ulcers (of the skin)
- Lesions
- Blisters
- Other skin problems

Neurologic

- Seizures
- Weakness
- Paralysis
- Numbness
- Difficulty with memory
- Confusion

Psychiatric

- Depression
- Anxiety
- Thoughts of Suicide
- Difficulty with thoughts

Endocrine

- High or Low Blood sugar
- Hormone problems

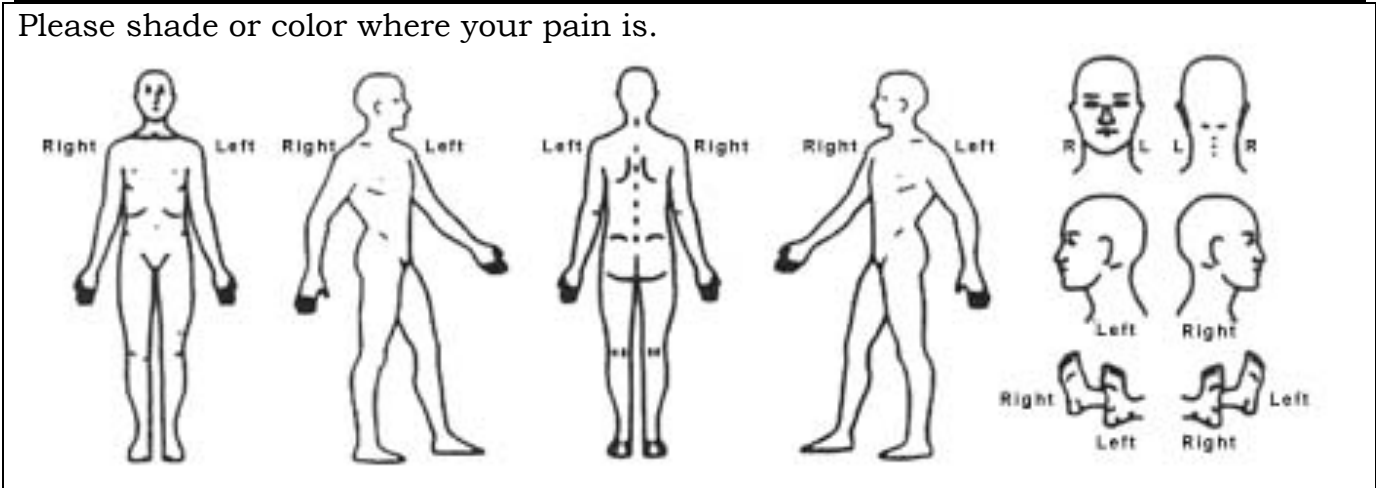
Immune

- Are you currently fighting any type of infection? Yes No
- Are you currently fighting cancer? Yes No
 - If yes, what type of cancer _____
 - Chemotherapy? _____
- Are you currently being treated with steroids for any reason? Yes No

**If you have more than one pain problem Dr. Franiak will be treating you for, you could print 2 copies of this pages 5 & 6, to describe them separately*

Where is your pain located? (**Chief Complaint**)

Please shade or color where your pain is.



When and how did your pain start? _____

Have you had this pain before? Yes No If yes, when? _____

How was it treated in the past? (if applicable) _____

Is this pain the result of an accident? Yes No

If yes, is it a work-related accident? _____

Describe the accident (if applicable) _____

If your pain is the result of an accident, is there any legal action pending?

Yes No

**Please be aware that if litigation is pending, balance is due at the time of service. We do not accept letters of protection in lieu of payment for services.*

What is the **Character** of your pain?

- Dull
- Sharp
- Burning
- Shooting
- Stinging
- Aching

What is the **Severity** of your pain?

- Mild
- Moderate
- Severe
- It varies

On a scale of 0-10, with 0 being no pain at all, 10 being the worst pain you can imagine, what would you rate your pain **CURRENTLY**? _____

On a scale of 0-10, what would you rate your pain at its **BEST**? _____

On a scale of 0-10, what would you rate your pain at its **WORST**? _____

What makes your pain WORSE? _____

Circle if these make your pain worse:

Standing, Sitting, Lying down, Walking, Driving, Coughing, Bending,

What makes your pain BETTER? _____

Circle if these make your pain better:

Standing, Sitting, Lying down, Walking, Driving, Coughing, Bending

Are you having other symptoms associated with the pain? _____

Circle if you have these associated symptoms: Numbness Weakness Tingling

Skin changes, Bowel or Bladder problems, Abnormal Sleep, Swelling, Mood problems

What is affected by your pain? _____

You can circle the following, if it is affected by your pain:

Appetite, Physical Activity, Emotions, Concentration, Relationships, Ability to Work

What prior treatments have you had for THIS pain problem? _____

You can circle the following treatments if you have tried them for this pain problem:

Physical therapy, Medications, TENS unit, Chiropractor, Acupuncture

Cane, Walker, Brace, Surgery, Injections

Injections

If you can, please list type of injections you've tried,

Example, "Epidural Steroid Injection"

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Prior Treating Physicians: Please list prior treating surgeons or pain specialists that have treated you for this problem: _____

Have you been told surgery could help your problem? _____

Prior Medications used to treat this pain:

Please check ALL pain medications that you have tried for THIS pain problem, or that you are currently taking:

- acetaminophen (Tylenol)
- pregabalin (Lyrica)
- gabapentin (Neurontin, Gralise)

Non-steroidal Anti-Inflammatory (NSAID's)

- aspirin
- ibuprofen (Advil)
- naproxen (Aleve, Naprosyn)
- meloxicam (Mobic)
- diclofenac (Volteran, Cataflam, Arthrotec)
- nabumetone (Relafen)
- ketoralac (Toradol)

Cox-2 Inhibitors

- celecoxib (Celebrex)

Dual Mode Anti-depressant Pain Relievers

- duloxetine (Cymbalta)
- milnacipran (Savella)
- desvenlafaxine (Pristiq)

Muscle Relaxants

- cyclobenzaprine (Flexeril, or Amrix)
- carisoprodol (Soma)
- tizanidine (Zanaflex)
- Baclofen

Others

Narcotic Pain Medications

- morphine (MS Contin, Avinza)
- hydrocodone (Vicoden, Norco, Tylox, Lortab, Vicoprofen)
- oxycodone (Percocet, Endocet Percodan, Oxycontin)
- hydromorphone (Exalgo, Dilaudid)
- fentanyl (Fentanyl patch, Duragesic patch)
- oxymorphone (Opana)
- tramadol (Ultram, Ultracet)

- Suboxone
- Methadone

Topical Pain Medications

- Lidoderm pain patch
- Other _____

Past Medical History

*Please check if you have (or had) any of the following:

- Cancer (if yes, what type?) _____
 Did you have chemotherapy or radiation treatments? _____
- Depression
- Anxiety Disorder
- Addiction
- Allergy
- Asthma
- Respiratory disease/ COPD
- Heart Disease
- High Blood Pressure (hypertension)
- Vascular Disease
- Diabetes __Type 1 (on Insulin? Yes No) __Type 2
- Thyroid disease _____
- Osteoporosis (Have you broken bones? _____)
- Obesity
- GERD or Ulcers of the stomach
- Crohn's disease or Ulcerative colitis
- Chronic constipation
- Irritable Bowel (IBS)
- Problems with urination
- Kidney disease
- Liver disease, hepatitis
- Vision problems
- Hearing problems
- Difficulty swallowing
- Anemia
- Easy bruising
- History of major infections _____
- History of Syphilis
- TB (Tuberculosis)
- Osteoarthritis
- Rheumatoid Arthritis
- Fibromyalgia
- Gout
- Compression fractures of the spine
- Broken bones _____

Please list major **Hospitalizations** you have had:

Year	Major illness	Year	Major illness

Please list **Surgeries** you have had:

Year	Type of Surgery	Year	Type of Surgery

Social History

Are you single married divorced widowed Do you have kids at home? Yes No
 What is your occupation? _____ Currently full time part time retired disabled
 What is your highest education level? elementary school high school college advanced degree
 Do you smoke? Yes No How much do you smoke? _____ Alcohol Yes No
 Do you use illicit drugs? Yes No Do you have a history of addiction? Yes No
 Do you live with someone that is abusive to you? Yes No
 Do you live with someone that has chronic pain? Yes No

Family History

Please circle if the following diseases run in your close family:

Cancer Diabetes Stroke Migraines Rheumatoid arthritis
 Neuromuscular disease

Other diseases that run in your family _____



ADVANCED PAIN MANAGEMENT
OF CENTRAL INDIANA
Targeted Pain Relief.

Our NEW address:
10412 Allisonville Road
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Fishers, IN 46038

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Randall J. Franiak, M.D.

Information for Patients Referred for a Procedure

Who is Dr. Franiak? Randall Franiak, MD is a specialist in pain medicine. He is an alum of University of Chicago, Indiana University, Duke University and Northwestern University. He was recognized with the Pfizer Award for Excellence in Pain Management during his fellowship at Northwestern University. He is board-certified in both Anesthesia and Pain Medicine. He has been in practice for 20 years. He was co-chief of Anesthesia at Methodist Hospital for many years. He has been in private practice specializing in pain management for the last 10 years. The practice is nationally accredited by AAAASF.

What do I need to bring? Bring your completed New Patient Forms (we can email them to you, or you can print them from our website), a list of current medications you take, photo ID and insurance card, your X-ray or MRI films (or a disc with the images). Someone will need to drive you to and from your appointment if you are having a procedure.

Why do I need a driver? It's a precaution. Pain can be very distracting to drivers. Numbing medicine is used for the procedure, and rarely this can make your legs feel weak. Also, if you choose to have sedation you will likely be drowsy after the procedure.

Do I need to avoid eating the day of the procedure? The surgery centers require that you **do not** eat 8 hours before your procedure. If you are scheduled to have the procedure at our main office, there are no eating restrictions.

Please inform us if you... Are pregnant, allergic to medications, or take medications that thin your blood, such as: Plavix, Coumadin, Warfarin, Aggrenox, Ticlid, Pradaxa, Effient, Eliquis, etc. If you take blood thinner medications, you may be required to stop this medication prior to your procedure. Do not stop taking your blood thinner until we check with your prescriber.

Will I be awake for the procedure? Yes, general anesthesia is not needed for most procedures. If you are anxious Dr. Franiak can give you some sedation in an IV right before the procedure.

Does this procedure hurt? Most patients say it was a lot LESS painful than they expected. Dr. Franiak is very skilled at providing local anesthesia (numbing medicine).

Does Dr. Franiak prescribe narcotics?- If you are referred for a procedure, you will not be evaluated for ongoing narcotic medication management at that appointment. You will not likely need strong pain medication due to the procedure. Only one doctor should be prescribing narcotics for you, so if your referring doctor has prescribed pain medicine for you they may continue to do so. If your referring doctor would like us to take over prescribing narcotics for you on an ongoing basis, that requires a separate appointment and you would be subjected to our policies in that regard. Narcotics are NEVER called in from this practice.

When can I go back to school/work after the procedure? We recommend taking it easy the day of your procedure. You can most likely return to work the following day. We can provide you with a school/work excuse if you need it.



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Information for Patients Referred for Narcotic Management

New patients who are referred by their doctor for a consultation or an evaluation, will be scheduled at our Fishers/ main office. We cannot schedule consultations, or follow up appointments at the surgery centers. Ongoing medication management appointments are scheduled at the Fishers/ main office.

We must obtain all pertinent medical records from all prior treating physicians before we can schedule an initial appointment. Obtaining records is mandated by Indiana State law. This would include records from physicians that have prescribed pain medications, procedures, surgery or therapy for the pain problem, imaging reports, etc. Records are transferred from the facility, and often can be faxed to our secure fax. We cannot accept records from the patient.

Indiana has recently passed legislation further regulating how narcotics are prescribed. Experts in pain management are continuing to discuss and develop recommendations about the safest way to prescribe controlled substances. New patients may find that policies at APMCI are different or more stringent than their previous prescribers.

We must have a signed referral from their managing physician. Patients cannot self-refer for narcotic management.

Patients must have a primary care provider, to maintain their general health needs. The pain management documentation from our office will be shared with the primary care provider.

Narcotics are not prescribed at the first visit. Narcotics are not prescribed to avoid withdrawal.

Dr. Franiak is board-certified and fellowship trained in interventional pain management. It is generally always the goal to control the patient's pain by means other than narcotics, which do carry a considerable amount of risk. Dr. Franiak does not accept patients for narcotic management that are receiving interventional treatments from another pain clinic.

We do not manage Suboxone or Methadone at this practice. We do not treat addiction.

Prior to scheduling an evaluation, records will be reviewed. It is possible a recommendation would be made that the patient have an evaluation for medical detox or addiction treatment, rather than being scheduled. If this is the case, our scheduler will call to discuss this with the patient.

The first visit is an evaluation/consultation. Treatment options and plan would be discussed. We cannot guarantee that the recommendations would be to continue with narcotic therapy.

Studies have shown that certain conditions, including chronic headache, migraine, fibromyalgia, and chronic abdominal pain do not respond well to long-term opioid therapy. In fact, patients that are followed in studies after one year are often worse, overall. If you have been diagnosed with one of these conditions we will offer you non-opioid alternatives.

If it is agreed that controlled substances (narcotics) are part of the ongoing treatment plan, patients are required to sign a narcotic agreement. A urine toxicology test would be performed at the first visit. Generally, urine screens would be performed randomly, through the course of treatment. This is in accordance with Indiana State law. The presence of illegal substances (including marijuana) in a urine screen, would prevent us from prescribing controlled substances. Narcotics are not prescribed at this initial visit.

If, for any reason, we cannot maintain the patient on their current regimen, or if narcotics are not recommended, the referring doctor is informed, and the patient is given options for ongoing care. Options may include weaning from their current regimen, or referral for medical detox.

Due to the inherent risks of narcotic therapy, we monitor our patients closely. **Patients should expect to maintain a monthly follow up schedule.** This practice **never** phones in controlled-substance prescriptions to the pharmacy. Follow up appointments are performed in person, not over the phone.