



bone  
&  
spine



Praveen Perni, MD  
*Specializing in Spine Surgery*

Christina McClain,  
PA-C

## Welcome to American Health Network Bone & Spine

**AVON**  
8607 East U.S. 36  
#100  
Avon, IN 46123

**CARMEL**  
12188-B N. Meridian St.  
#260  
Carmel, IN 46032

**KOKOMO**  
2330 S. Dixon Road  
Kokomo, IN 46902  
*(Please check-in at the Lab)*

**NOBLESVILLE**  
18077 River Ave. #104A  
Noblesville, IN 46062  
*(At this location one day  
per month)*

### Dear New Patient:

We would like to take this opportunity to welcome you to our practice and thank you for entrusting us with your medical care. We want to share with you some information about our standard processes that we hope will be helpful to you throughout your care.

### Phone Hours

In order to most efficiently handle patient care, we utilize a centralized call center. Our call center hours are Monday-Friday 8:05 am to 4:30 pm. Our phone number is (317)208-3866. If you have an urgent medical need outside of our normal business hours, the provider on call can be reached by calling our office; the answering service will contact the provider on call and have them call you.

### Refill Requests

Due to our providers' surgery schedules, they are only in office on Wednesday and Friday. Therefore, prescriptions for controlled medications will only be written on Wednesdays and Fridays. Please allow 72 hours for your refill request to be processed. Our office will call you when your prescription is ready to be picked up from our office. Please bring your photo ID with you to pick up prescription.

### FMLA & Disability Paperwork

In order for us to accurately and thoroughly complete your paperwork for FMLA and/or disability, please allow us 14 business days to complete this paperwork. If for some reason you have waited longer than 14 business days, please contact our office to inquire about the status of your paperwork.

Effective January 1, 2017, Bone & Spine will charge a one-time fee of \$40 for FMLA/Disability paperwork per episode of care. Patients who have paid a lesser amount for initial paperwork prior to January 1, 2017 will be charged a one-time fee of \$10 for any additional paperwork. Please note, additional fees that may be billed are:

- returned checks \$25;
- copying of medical records (fees are set by Indiana statute; amount varies based on number of pages).

### **Arrival Time**

If you have recent X-Rays please arrive **15 minutes early** and bring your paperwork along with your current insurance card(s). If you **DO NOT** have recent X-Rays please arrive **30 minutes early** for X-Rays and registration. **If you have had any recent X-rays, MRIs, or CT scans pertaining to your visit with us you are responsible for bringing the images to your appointment.** You will also be asked to show your picture ID (driver's license, student ID card, Indiana ID card.) Anyone under the age of 18 years old must have a parent (or guardian) present. Also if you are under the age of 18 without a picture ID you parent (or guardian) must present their picture ID at the visit.

### **Insurance Card(s)**

Please be prepared to present your insurance card(s) and pay any co-pay at each visit. Co-pays may be paid by cash, check, or credit card. We accept most credit cards and also accept Health Savings Account (HSA) cards. If you do not have insurance, we require a minimum payment of \$100.00 at the time of the service for each office visit. If you do not have insurance and pay in full for all charges at the time of service, you'll receive a 15% discount.

If you have any questions regarding payment please contact our office in advance. Please check with your insurance provider to be sure they have your doctor listed.

### **Cancellations: Appointment & Surgery**

If you are unable to make your appointment time please contact our office at least 24 hours in advance to reschedule or cancel. There will be a \$250 fee for patient cancelling a surgery within 10 business days of the scheduled surgery. Three reschedules of the same surgery will be deemed as a cancellation.

Again, thank you for choosing American Health Network Bone & Spine for your health care needs. We look forward to treating you.

Sincerely,  
Dr. Praveen Perni, Christina McClain-PA, and Staff





Date: \_\_\_\_\_

Name: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hand Dominance (Right or Left): \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Physical Therapy:  Yes  No; If yes, how long? \_\_\_\_\_ Medication for Pain: \_\_\_\_\_

Have you had any of these treatments?  Injection  Brace  Crutches  Sling

Have you ever had surgery for this problem? Yes No; If yes, surgery date(s)/Physician(s)/Procedure(s):

Are you currently under the care of a Pain Management physician?  Yes  No; If yes, Who? \_\_\_\_\_

Location of Pain: \_\_\_\_\_ Duration of Pain: \_\_\_\_\_ Work Related? \_\_\_\_\_

Did pain begin after a specific activity/injury? \_\_\_\_\_  Gradual  Sudden Date/Length of injury: \_\_\_\_\_

Injury was due to:  Sport/Exercise:(type) \_\_\_\_\_  Auto Accident  Work Related  Other: \_\_\_\_\_

Explain injury: \_\_\_\_\_

What activities worsen pain? \_\_\_\_\_

What activities improve pain? \_\_\_\_\_

Have you noted any arm or leg weakness/numbness? \_\_\_\_\_

Pain Scale (circle one): 0 (No Pain), 1 2 (Mild), 3 4 5 6 7 (Moderate), 8 9 10 (Severe)

Your pain is:  Constant  Intermittent Does your pain wake you from your sleep?  Yes  No

What best describes your pain?  Sharp  Dull  Stabbing  Throbbing  Aching  Burning

What makes your symptoms worse? \_\_\_\_\_

Standing  Walking  Running  Getting Up Stairs  Twisting  Kneeling  Squatting  Lifting  Reaching  Gripping

If you are having knee pain:  Catching  Instability  Swelling

Since your problem started, it is:  Getting better  Getting worse  Unchanged

**ANY RECENT IMAGING (with Dates and Location of Imaging)**

Xray: \_\_\_\_\_

CT Scan: \_\_\_\_\_

MRI: \_\_\_\_\_

EMB/NCV: \_\_\_\_\_

CT Myelogram: \_\_\_\_\_

Bone Scan: \_\_\_\_\_

Other: \_\_\_\_\_

**REVIEW OF SYSTEMS**

- Fever
- Fatigue
- Loss of Appetite
- Current Illness
- Sleep Apnea
- Shortness of Breath
- Pneumonia
- Wheezing
- Arthritis
- Poor Balance
- Joint Pain
- Stiffness
- Numbness
- Swelling
- Deformities
- Abdominal Pain
- Diarrhea
- Constipation
- Gerd
- Ulcers
- Nausea
- Vomitting
- Bladder Infection
- Kidney Disease
- Retention
- Easy Bleeding
- Easy Bruising
- Clotting Disorder/Blood Clots
- Strokes
- TIA's
- Epilepsy
- Anxiety
- Depression
- Insomnia
- MRSA History
- Latex Allergy

**PAST MAJOR MEDICAL HISTORY**

- Aids
- Anemia
- Asthma
- Bleeding Disorders
- Blood Clots/DVT
- Cancer
- Diabetes
- Emphysema
- Fibromyalgia
- Gerd/Reflux
- HIV
- Gout
- Heart Attack  
when: \_\_\_\_\_
- Heart Disease
- Hepatitis
- Hypertension
- Kidney Disease
- Osteoarthritis
- Respiratory Issues
- Rheumatoid Arthritis
- Seizure Disorder
- Strokes/TIA's
- Thyroid Disorder
- Ulcers (Stomach)
- Other: \_\_\_\_\_

**PAST MAJOR SURGICAL HISTORY**

- Back or Neck Surgery  
(Fusions, Etc.)
- Other \_\_\_\_\_
- CABG (Coronary Bypass)  
when: \_\_\_\_\_
- Gastric Bypass
- Pacemaker
- Stents
- None
- Arthroscopy
- Joint Replacement by  
who/what/when: \_\_\_\_\_
- Other: \_\_\_\_\_

**ALLERGIES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERTINENT FAMILY HISTORY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SOCIAL HISTORY**

Occupation: \_\_\_\_\_

\_\_\_\_\_

- Currently Working
- Retired
- Disabled
- Unemployed

**Marital Status:**

- Single
- Married
- Divorced
- Widowed

**Alcohol:**

- Yes  No

If yes, how much: \_\_\_\_\_

**Illegal Drug Use:**

- Yes  No

If yes, drug: \_\_\_\_\_

**Tobacco:**

- Yes  Chew
- Cigarettes

Packs/Cans Per Day: \_\_\_\_\_

**How Many Years:**

- No
- Quit (when) \_\_\_\_\_

**PLEASE LIST ALL MEDICATIONS AND DOSAGES (Prescription and Over-the-Counter)**

If your PCP is an AHN Provider you do not need to list meds.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently receiving or plan to apply for:  Workmen's Comp  Unemployment  \*FMLA/STD

\* A \$40 fee will be charged accordingly for any FMLA or Short Term Disability paperwork submitted to us by you or your employer.

**I HAVE RECEIVED A COPY OF THE BONE & SPINE WELCOME LETTER AND AGREE TO PAY CHARGES AS INDICATED:**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_