



Welcome to *Deuk Spine Institute* and *Brevard Heart & Vascular Institute*.
Enclosed you will find a map to our offices. We look forward to seeing you!

<p>Please remember</p> <p>___ Bring a completed packet to your appointment.</p> <p>___ Bring your most current insurance card(s) including secondary insurance and a photo id.</p> <p>___ Bring films or CDs with reports pertinent to your visit that were done in the last six months. (MRIs, X-rays, CT scans) You may need to go to the facility to pick them up.</p> <p>___ Bring a current list of medications including dosage.</p> <p>Appt Date _____ Time _____</p> <p style="text-align: center;"><i>Please arrive 30 minutes prior to your scheduled appointment time.</i></p> <p style="text-align: center;"><input type="checkbox"/> Viera <input type="checkbox"/> Titusville</p>

Titusville Office

836 Century Medical Dr. Titusville, FL 32796 (321) 383-8092 Fax (321) 383-1043

Viera/Melbourne Office

8043 Spyglass Hill Rd., Ste 101, Melbourne, FL 32940 (321) 255-6670 Fax (321) 242-2545

Things to Know About Our Office

We collect insurance deductibles, co-pays and coinsurances upon check in:
check or credit card only. No Cash, please.

Please allow 24 to 48 hours for all prescription refill requests.
Some prescriptions cannot be called into the pharmacy, but can be picked up at our office.

Our normal office hours are Monday through Friday 8am to 5pm.

Office Maps
Titusville Office

836 Century Medical Dr. Titusville, FL 32796



From I-95 take the **SR-406** exit, **EXIT 220**, toward **Titusville / Historic District**.

go 0.3 mi



Go **East** onto **SR-406 E / Garden St.**

go 2.1 mi



Turn **left** onto **Park Ave N.**

*Park Ave N is just past Dixie Ave N
If you reach Grannis Ave N you've gone a little too far*

go 0.2 mi



Turn **right** onto **Draa Rd.**

go 0.03 mi



Turn **left** onto **Norwood Ave.**

go 0.2 mi



Take the 2nd **right** to stay on **Norwood Ave.**

Norwood Ave is 0.1 miles past Shady Pines Ln

go 0.03 mi



Turn **left** onto **N Washington Ave / US-1 N / SR-5 N.**

go 0.3 mi



Take the 1st **right** onto **Buffalo Rd.**

*Buffalo Rd is 0.1 miles past Malinda Ln
Mobile Gas Station will be on the South East corner
If you reach Medical Dr you've gone about 0.1 miles too far*

go 0.1 mi



Take the 1st **left** onto **Century Medical Dr.**

If you reach the end of Buffalo Rd you've gone about 0.2 miles too far

go 0.1 mi



Turn **slight left** to stay on **Century Medical Dr.**

go 0.02 mi



Turn **left** to stay on **Century Medical Dr.**

go 0.04 mi



836 CENTURY MEDICAL DR is on the **left**.

Follow road around the loop we are on the North East side of the loop.





From I-95 take the **CR-509 / Wickham Road** exit, **EXIT 191**, toward **Satellite Beach / Patrick A.F.B.**

go **0.3 mi**



Go **East** onto **CR-509 S / Wickham Rd N.**

go **0.4 mi**



Turn **left** onto **Murrell Rd.**

*Murrell Rd is 0.1 miles past Sheriff Dr
Uno Chicago Grill is on the North West corner of the intersection
If you are on Wickham Rd N and reach Office Park Pl you've gone about 0.1 miles too far*

go **0.5 mi**



Take the 3rd **right** onto **Spyglass Hill Rd.**

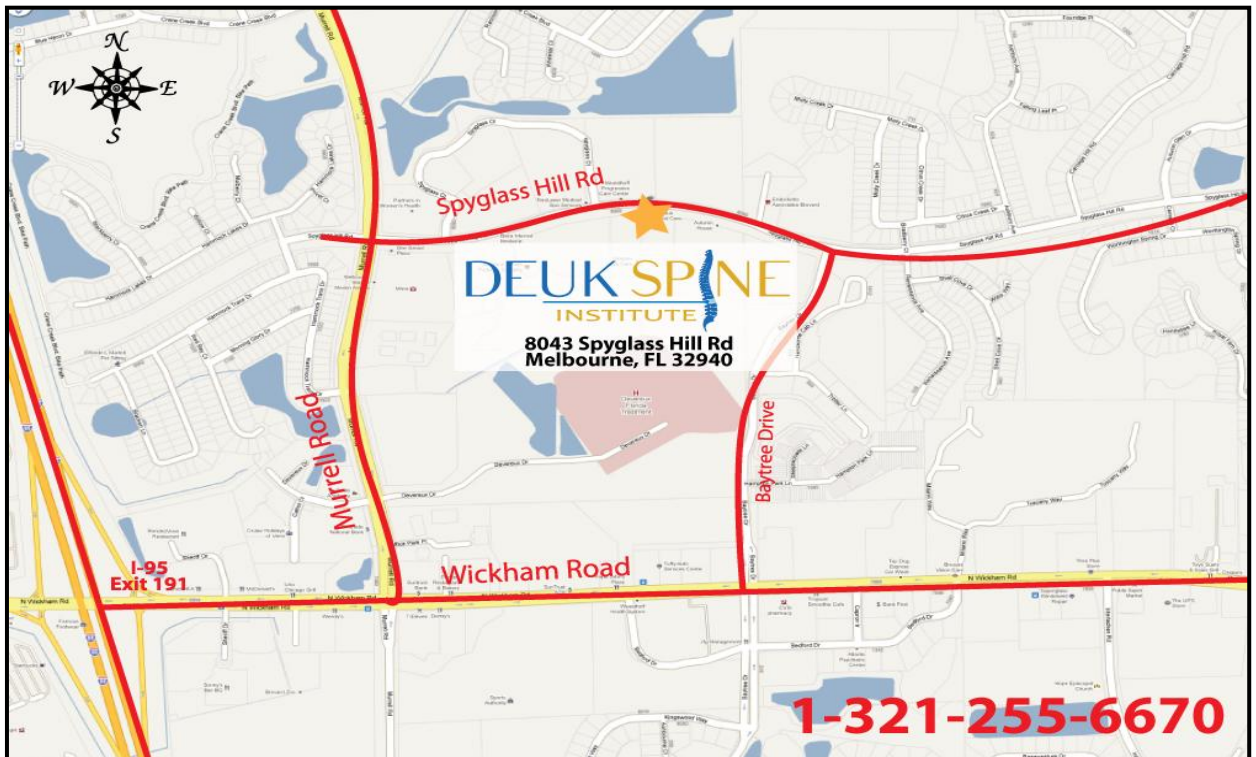
*Spyglass Hill Rd is 0.2 miles past Hammock Trace Dr
MIMA is on the South East corner of the Intersection
If you reach Crane Creek Blvd you've gone about 0.3 miles too far*

go **0.2 mi**



8043 SPYGLASS HILL RD is on the **right.**

*Your destination is 0.1 miles past Spyglass Ct
3rd driveway on the right, parking lot go left then first right, follow around to the back far right corner behind Heart & Sol Ob/GYN
If you reach Classic Ct you've gone about 0.2 miles too far*





Dear Patient:

What to expect on your first visit... During your appointment here at *Deuk Spine Institute* and *Brevard Heart & Vascular Institute* you will meet a number of staff members.

First you will be greeted by the **Front Office** staff who will take your personal information pertaining to your visit. This may include identification, insurance information, medical records and any x-rays, MRI's, or other diagnostic studies that you might have. Please arrive 30 minutes prior to your first appointment with your packet of new patient forms filled out. The Front Office staff may have a few additional questions or forms for you. It is especially important for you to arrive early if you are the first patient of the day or the first patient after lunch.

You will then be escorted to a room by a **Medical Assistant**. Our Medical Assistants have advanced training above and beyond that usually found in typical clinics. *Deuk Spine's* and *Brevard Heart & Vascular's* advanced Medical Assistants have additionally earned the title of "**Patient Navigator**". This means that in addition to advanced training, they have experience in "navigating" patients through often complicated issues involving medical records, HIPPA regulations, scheduling tests, procedures and appointments.

The Medical Assistants, under direct supervision of our physicians, will take your blood pressure, heart rate, weight and record your level of pain at the time of the visit. We have created in-depth questionnaires that the Medical Assistants will go over with you that are an important part in your plan of care. Please cooperate with them as they are trying to provide the physician with the most pertinent information for your care.

Our Medical Assistants will assist *Deuk Spine* and *Brevard Heart & Vascular* physicians and Physician Assistants in basic parts of the examination including testing strength, balance and coordination. The physician and/or Physician Assistant will test their findings with the patient and perform additional examination as necessary.

Next you may meet the **Physician Assistant** or **Nurse Practitioner** who is licensed by the State of Florida to practice medicine and advanced nursing under the supervision of *Deuk Spine* and *Brevard Heart & Vascular* physicians. These PAs and NPs assist with surgeries, perform exams, order testing, prescribe medications and collaborate with *Deuk Spine* and *Brevard Heart & Vascular* physicians on all patients in the practice (clinic and the hospital), and generally serve as „physician extenders“.

Some patients may or may not see the physician at the time of their visit, depending on their needs and whether all necessary diagnostic tests and imaging are available for the physician to review. However, it is our intention each and every patient at each of their visits is seen by the physician, and a physician reviews the work of all staff during clinic. In compliance with state laws, all patients have the right to see the providing physician, and in the event that he is physically unavailable, and the patient does not want to see the PA/NP, we will be happy to reschedule to the next available appointment.

Our physicians establish the plan of care for each patient individually. The doctors and our mid-level providers have close professional and personal relationships and frequently discuss patient needs and issues whether they are in the office, hospital, home, etc. We have developed our office protocols after years of research, experience, and the latest published standards of care for our specialty. Our physicians' visits with you will be focused, in depth, and to the point. In providing the highest quality of care to the patients in our very busy clinic, this approach works very well.

If you are scheduling surgery or a procedure, you will meet the **Surgery Coordinator** or **Procedure Coordinator**. The Coordinator will guide you through all of the steps prior to your surgery date. They will review pre- and post-operative instructions, fit you for any necessary braces or collars, schedule your pre-surgical clearance appointment with your Primary Care Physician, Internist, or Cardiologist, and be a resource person for your pre- and post-surgical questions.

The **Clinical Director** is responsible for the day-to-day hands on running of the clinic here in Viera. If you should have any questions or comments about process, please contact her as she works closely with the physicians and the rest of the team to ensure that your experience here is a positive one.

Expect **your initial appointment** to take up to 2 hours. If the surgeon has a complicated medical situation with another patient or an emergency, there may be a wait beyond your appointment time that may be as long as an hour. We work hard to keep wait times to a minimum and will advise you in advance when a wait can be expected.

Some of our new patients come to us because they attended one of our **educational symposiums** or seminars, or they may have been referred by another physician. **All new patients must complete the new patient packet of forms and bring it to their appointment.** Patient forms are available on our website at www.DeukSpine.com under *Resources*.

Our mission at *Deuk Spine Institute* is to fix back, neck and joint pain through a continuum of care philosophy in state-of-the-art facilities with world class surgeons and physicians. At *Brevard Heart & Vascular* you will experience the best in cardiac and vascular medicine. We want you to have exceptional service and the best medical care available anywhere, and we *pledge to put the Patient first*.

Sincerely,

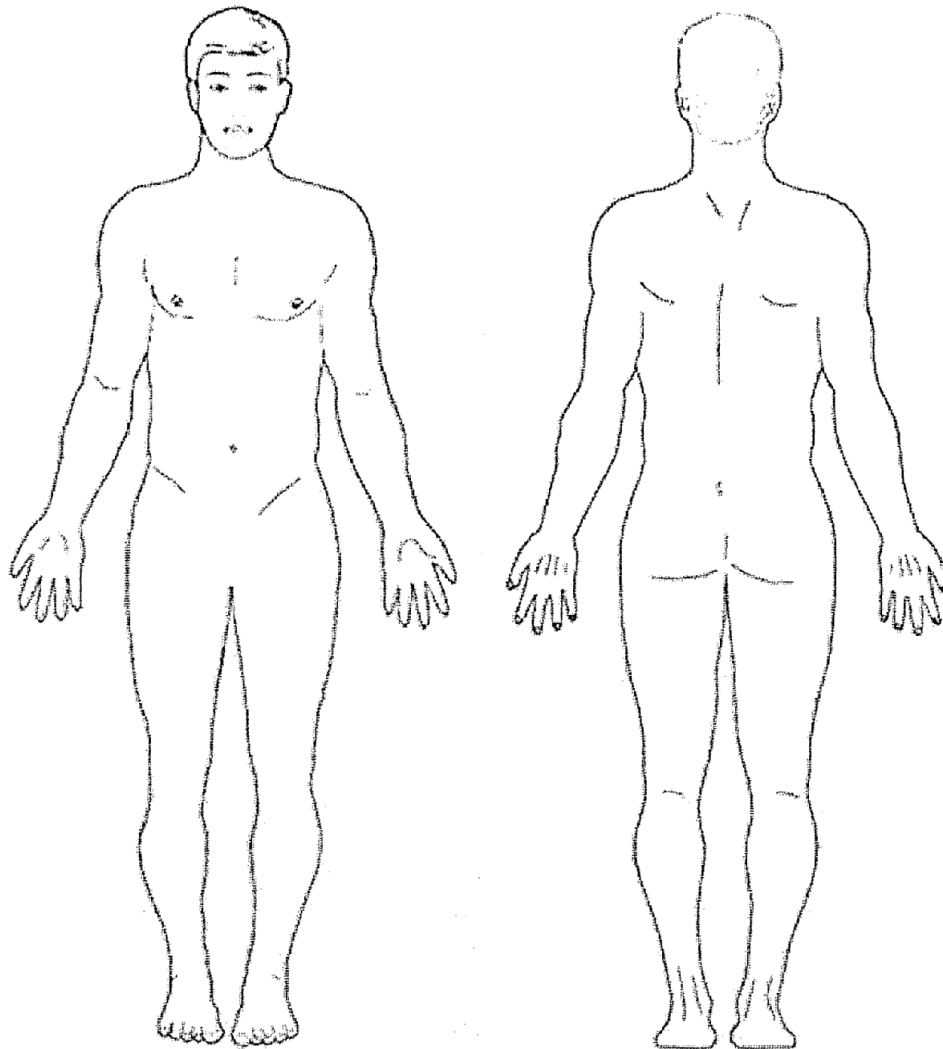
Your back, neck and joint pain specialists at Deuk Spine Institute and your heart and vascular experts at Brevard Heart & Vascular Institute

History and Physical Pain Map

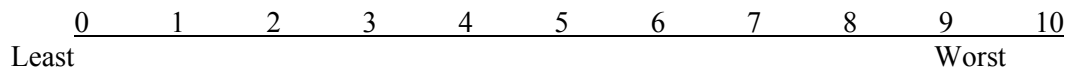
Patient Name: _____ Date of Birth: _____

Using the symbols below, please draw in the location of your symptoms on the diagrams.

- X= Pain
- O= Numbness
- /= Aching
- *= Pins & Needles



If you have NECK PAIN, what percentage of your pain is Neck _____% and Arm _____% (Total 100%)
 If you have BACK PAIN, what percentage of your pain is Back _____% and Leg _____% (Total 100%)
 Mark an X on the line indicating the usual Degree of the Pain
 (0 meaning No Pain, 10 meaning Worst Pain)





836 Century Medical Drive
Titusville, FL 32796
321-383-8092 Fax 321-383-1043

8043 Spyglass Hill Road
Melbourne, Fl 32940
321-255-6670 Fax 321-242-2545

Patient Name: _____

So that we may keep your family physician and/or referring physician informed of your progress under our care, please list the name and address of that physician:

Primary Care Physician: _____

Address: _____

Phone: _____ Fax: _____

Referring Physician: _____

Address: _____

Phone: _____ Fax: _____

Patient Signature

Date



HEALTH HISTORY

Please complete this Questionnaire.
 It is designed to give us information about your Health, that will allow us to better understand and assist you.

DATE: _____

REFERRING PHYSICIAN: _____

FAMILY PHYSICIAN: _____

Patient Name: _____ Date of Birth: _____
 Age: _____ Sex: Male Female Weight: _____ Height: _____

What is the main reason for you visit today? (check all that apply)

Back Pain Leg Pain Neck Pain Arm Pain Other _____

How long has this been a problem?

Less than 2 months 2-6 months 6-12 months greater than one year

Please describe onset or injury of problem (include the date of injury): _____

Is your problem related to: Job injury Date: _____ Right handed Left Handed
 Car Accident Date: _____
 Other Date: _____

Have you been involved in a motor vehicle accident within the last 10 years? Yes No
 Have you had a personal injury/slip and fall accident within the last 10 years? Yes No
 Have you been involved in a work related accident within the last 10 years? Yes No

List below the **PREVIOUS PHYSICIANS** (MD,DO, Chiropractor) you have seen for your main complaint/problem.

Physician	Specialty	Dates	Treatment

Indicate which **DIAGNOSTIC TESTS** you have had in evaluation of your main complaint/problem (include dates).

Test	Date	Test	Date	Test	Date
Plain X-ray		EMG/NCV/ SSEP		CT Scan	
Bone Scan		Arthrogram		Dexa Scan	
Myelogram		MRI		Discogram	
Other:					



Patient Name: _____ Date of Birth: _____

What treatments have you had for this problem? (check all that apply):

- Nothing Chiropractic Care Acupuncture Injections
 Physical Therapy (Please check all that apply):
 Stretching Strengthening Traction Iontophoresis/Topical Steroid Tens Massage Ultrasound
 Heat/Ice Therapeutic Ball

Medications:

- Muscle Relaxants Pain Medications Anti-inflammatory (prescription) Anti-inflammatory (over the counter)
 Aspirin, Tylenol, etc.

Please check which **TREATMENTS** you have had for your main complaint/problem and indicate whether they were helpful.

Treatment	✓	Helpful?	Treatment	✓	Helpful?	Treatment	✓	Helpful?
Electrical stimulation			Massage			Whirlpool		
T.E.N.S.			Pool exercises			Injections		
Ultrasound			Home exercises			Acupuncture		
Hot packs			Manipulation			Cold		
Other:			Medications or Botox			Physical Therapy		

Current problem began?

- Suddenly Gradually Lifting Twisting Fall Bending Pulling
 Other: _____

What position/activity makes the pain worse/better?

	Worse	Better	Comments
Bending			
Bowel Movement			
Coughing			
General Activity			
Home Remedies			
Lying Down			
Sitting			
Standing			
Walking			
Shifting/Changing Positions			

How long can you **STAND** with no or minimal pain _____ minutes.

WALKING DISTANCE with no or minimal pain

- 0-50 feet 50-200 feet 200-500 feet 500+ feet ½ mile+

Do you need **SUPPORT** to help you walk? Yes No

If yes, what kind of support? _____

Do you wear a back or neck **BRACE**? Yes No

If yes, what kind of brace? _____



Patient Name: _____ Date of Birth: _____

PAST MEDICAL HISTORY Check below if you have had any of the following:

	✓	Comments		✓	Comments
Bowel disorders			Osteoporosis		
Cancer (where)			Pacemaker		
Depression			Polio		
Diabetes			Psoriasis		
Heart disease			Rheumatoid arthritis		
High blood pressure			Seizures		
High cholesterol			Serious infection		
Kidney disease			Stroke		
Lung disease			Thyroid		
Multiple myeloma			Ulcers		
Other:					

List any **SURGERY(S)** you have had.

Type	Date	Outcome

DRUG ALLERGIES

Drug	Type of Reaction

Are you allergic to Latex? Yes No

Do you take Blood Thinners (Coumadin, Plavix, Aggrenox, Ticlid, Pletal) Yes No

List **ALL CURRENT MEDICATIONS** as follows:

Name	Dose milligram, grams)	How many time a day	How long

Patient Name: _____ Date of Birth: _____

Have you taken any of the following drugs previously?

Medication	✓	Helpful?	Medication	✓	Helpful?	Medication	✓	Helpful?
Aspirin			Kadian			Skelaxin		
Bextra			Lortab			Soma		
Celebrex			Mobic			Topamax		
Clinoril			Motrin			Tylenol		
Darvocet			Naprosyn			Tylenol #3		
Demerol			Neruontin			Tylox		
Dilaudid			Oxycontin			Valium		
Dolobid			Parafon Forte			Vicodin		
Duragesic			Percodan			Vioxx		
Elavil			Prednisone			Zanaflex		
Flexeril			Prozac					
Ibuprofen			Relafen					

SOCIAL HISTORY & HABITS

Occupation _____ Marital Status _____ Highest Education _____

WORK STATUS

Full duty Light duty Off duty per Physician Unemployed Retired

If you are **NOT** working full duty:

How long have you been off work? _____

Have you had a work capacity assessment? Yes No

Are you disable through Social Security? Yes No

TOBACCO USE

Do you currently use Tobacco products? Yes No Started Age/Year _____ Stopped _____

If yes, indicate the quantity per day:

Cigarettes _____ Cigars _____ Chewing Tobacco (snuff) _____

ALCOHOL USE

Do you currently consume alcoholic beverages? Yes No

If yes, indicate the quantity per day:

Beer _____ Wine _____ Distilled spirits _____

Have you ever been treated for drug or alcohol addiction? Yes No

Patient Name: _____ Date of Birth: _____

REVIEW OF SYSTEMS

Check if you have experienced any of the following:

CONSTITUTIONAL	In Treatment	EYES, EAR, NOSE, THROAT	In Treatment	RESPIRATORY	In Treatment
Weight gain- last 6 month		Recent changes in vision		Difficulty Breathing	
Weight loss- 1		Recent changes in hearing		Cough	
Night sweats		Recent changes in smell		Sputum	
Chills		Recent changes in taste		History of Tuberculosis	
Fever		Recent changes in swallowing		Wheezing	
GASTROINTESTINAL		GENITO-URINARY		CENTRAL NERVOUS SYSTM	
Nausea		Blood in urine		Poor appetite	
Vomiting		Urinary tract infections		Problem sleeping	
Diarrhea		Unable to control bladder		Numbness/tingling feet	
Indigestion		Unable to control bowel		Numbness/tingling hands	
Abdominal Pain		Rushing to go		Crying spells	
Bloody or dark stools		Need to go frequently		Convulsions	
CARDIOVASCULAR		MUSCULOSKELETAL		SKIN	
Chest pains		Cramps		Easy bleeding	
Palpitations		Attack of weakness		Any rashes	
Shortness of breath		Joint pain/swelling		Easy bruising	
Heart murmur		Morning stiffness			
Swelling in feet					
Fainting		NEUROLOGICAL			
Loss of Consciousness		Dizziness			
Leg pains while walking		Memory Difficulty			
		Headaches			
		Difficulty concentrating			

FAMILY HISTORY

Describe current health, age, cause of death, illness, diabetes, cancer, hypertension, etc.

	Age	Alive	Deceased	Medical History or Cause of death
Father				
Mother				
Sibling 1				
Sibling 2				
Sibling 3				
Sibling 4				
Sibling 5				

Patient Name: _____ Date of Birth: _____

FEMALE PATIENTS

	Date		Date
Abnormal vaginal bleeding		History of breast biopsy	
History of nipple discharge		History of endometriosis	

Date of last **MENSTRUAL PERIOD** _____

MALE PATIENTS

	Date		Date
History of Prostatitis		Difficulty urinating	

Date of last **PROSTATIC EXAM** _____

Rectal test Yes No Results _____

PSA (Prostate blood test) Yes No Results _____

The preceding patient information packet has been reviewed and discussed with the patient.

Reviewed by: _____ Changes: YES NO Date _____

Reviewed by: _____ Changes: YES NO Date _____

Reviewed by: _____ Changes: YES NO Date _____

Reviewed by: _____ Changes: YES NO Date _____

Reviewed by: _____ Changes: YES NO Date _____

Reviewed by: _____ Changes: YES NO Date _____

Reviewed by: _____ Changes: YES NO Date _____

Reviewed by: _____ Changes: YES NO Date _____

Reviewed by: _____ Changes: YES NO Date _____

FINANCIAL GUIDELINES

FORM OF PAY	YOU ARE RESPONSIBLE FOR...	WE WILL...
MEDICARE	<p>If you have standard Medicare, and have not met your \$162 deductible, we ask that it be paid at the time of service. For any services not covered by Medicare, payment is also requested at the time of the visit.</p> <p>If you have regular Medicare as your primary insurance and also have a secondary insurance or Medigap coverage: No payment is required at the time of the visit after your Medicare deductible has been met. If your secondary insurance does not send payment within 45 days, a bill for the balance will be sent to you.</p> <p>If you have regular Medicare as your primary insurance and no secondary insurance: Be prepared to pay your 20% co-insurance at the time of the visit.</p>	<p>Accept your Medicare deductible payment (if applicable), any co-insurance amount, file the claim on your behalf including any claims to your secondary insurance.</p>
MEDICARE HMO FEE-FOR-SERVICE	All applicable co-payments and deductibles at the time of the visit.	Accept your payment and file a claim to your insurance.
IN-NETWORK HMO/PPO PLANS	If the services you received are covered by your plan: All applicable co-payments and deductibles apply and are due at the time of the visit. If authorization is required by your insurance, you must verify with provider's office before your visit.	Accept your payment and file a claim to your insurance.
LIMITED PLANS	Full payment for services provided at the time of service.	Accept your payment and file a claim to your insurance without accepting assignment.
COMMERCIAL INSURANCE	All applicable co-payments and deductibles at the time of the visit.	Accept your payment and file a claim to your insurance.
OUT OF NETWORK	Payment in full at the time of service for office visit, injections, and for any other service provided. You may be asked to make a deposit at the time of registration.	Accept your payment and courtesy file a claim to your insurance.
SELF PAY	<p>Payment in FULL at time of service is expected. For patients scheduled to see our specialists, the deposit amount is \$250-\$500 (New Patients) and \$150-\$300 (Established Patients) and any additional fees will be settled at time of visit.</p> <p>Credit, debit, check are accepted methods of payment. If you are a NEW patient please come prepared to pay by credit or debit.</p>	Accept your payment.
HSA PLANS	You must return to the Registration area to pay with your HSA Debit Card.	Accept your HSA Card payment.
WORKERS COMP OR MVA	If an authorization to treat has been obtained from your carrier, no payment will be required at time of visit. If an Authorization is not in place, your appointment will be re-scheduled.	Schedule your appointment after services have been authorized by your carrier.

General Information:

Our Staff will schedule an appointment for you once your coverage has been verified.

You are responsible for providing the correct information regarding your insurance coverage at the time of your visit. You are also responsible for knowing what your benefits are. If you don't understand what your benefits are, please contact your insurance carrier by calling the customer service number on your insurance card.

Request for form completion including FMLA, Jury Duty Exemption, and other forms will have a charge at the physician/clinic's discretion starting at \$25 per form, varying based on form complexity and length. Our staff will return forms to patient/requestor in a timely manner.

Cancellations & No Shows

Deuk Spine Institute staff will contact you prior to your scheduled appointment. If you cannot make your appointment, please cancel at least 24 hours in advance. Your appointment slot could go to another patient.