Lifespan
Physician Group, Inc.
Obstetrics & Gynecology
Delivering health with care®

PELVIC PAIN PROGRAM
148 West River Street, Suite 8
Providence, RI 02904
401-606-3000
www.WomensMedicine.org

Dear _____,

Welcome to the **Pelvic Pain Program.**

Your appointment with _____ is on _____at _____am/pm. at

☐ 148 West River Street, Providence, RI **Second floor, Suite 8.**

☐ 1377 South County Trail, Unit 2A, East Greenwich, RI

Please bring the completed new patient packet (enclosed), along with your insurance cards, photo ID, and any pertinent medical records with you on the day of your appointment. The information requested is important for your care. We appreciate you taking the time to complete all the paperwork and bringing it to with you to your appointment. **Please do not mail your packet back to us.**

For your convenience we have enclosed driving directions to our offices. Park in the South Lot. For more information about the Pelvic Pain Program, please visit our website at www.WomensMedicine.org.

Please arrive 15 minutes prior to your appointment time for registration. Please Note: If you arrive later than 15 minutes for your appointment time, you may have to reschedule your appointment. Call us at (401)606-3000 if you have any questions.

Lifespan Physician Group monitors and manages missed appointments to ensure that we are able to provide all our patients with timely access to our health care providers. High numbers of unused appointments delay necessary medical care for patients.

As a result, we request one business days' notice to cancel an appointment. Without appropriate notice, you may be charged a missed appointment fee.

Missed First Appointment:	$100
Missed Appointment:	$ 50
Missed Testing Procedure	$100

Expect your first visit to be focused on your pain history. Your second visit will include a physical exam and discussion of a plan of care. You can discuss the role of prescription pain medication at your visit. However, the doctor will not prescribe pain medication at the first visit.

We look forward to seeing you.

REFERRALS IF YOUR INSURNACE REQUIRES A REFERRAL, YOU MUST GIVE ONE TO THE RECEPTIONIST ON THE DAY OF YOUR APPOINTMENT OR YOU WILL BE RESPONSIBLE FOR THE FEE.

11.11.19

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Patient Label

REGISTRATION FORM

PATIENT INFORMATION (PLEASE PRINT)

Last Name	First Name	Middle

Birth Date	Social Security #	Email

Street Address	Home Phone
	( )

City	State	Zip Code	Mobile Phone
			( )

Marital Status
❑ Single ❑ Married ❑ Divorced ❑ Legally Separated
❑ Widowed ❑ Life Partner ❑ Civil Union
Spouse: Name _____ DOB _____

Preferred Language
Spoken: _____ Written: _____
Interpreter Required? ❑ YES ❑ NO

Sex Assigned at Birth: ❑ Female ❑ Male Gender Identity: _____ Pronouns: _____
Religion: _____
Race (circle one): American Indian / Alaskan Native / American Indian & Native Hawaiian / Asian / Asian & American Indian / Asian & Native Hawaiian / Black & Asian / Black & American Indian / Black & Native Hawaiian / Black-African American / White / White & American Indian / White & Asian / White & Black / White & Native Hawaiian / Other **Hispanic/Latino** (circle one): Hispanic / Non-Hispanic

Are you Employed? ❑ YES ❑ NO	Employer	Occupation

Full Time or Part Time	Employer Phone
	( )

Which provider you are here to see today?	How did you hear about us?

Primary Care Provider (PCP) / Practice Name

PCP Address	PCP Phone
	( )

Preferred Pharmacy: Name: Phone #:
Address:

INSURANCE INFORMATION

Person responsible for bill	Birth Date	Address (if different)	Home Phone
	/ /		( )

Is this patient covered by insurance? ❑ Yes ❑ No	Primary Insurance Plan Name

Group #	Policy #	Co-Pay Amount

Subscriber's Name	Subscriber's Birth Date	Patient's relationship to subscriber
	/ /	❑ Self ❑ Spouse ❑ Child ❑ Other _____

Gender of Subscriber

Subscriber's Employment Status ❑ Full Time ❑ Part Time ❑ Unemployed	Subscriber's Employer

Name of secondary insurance (if applicable)	Subscriber's Name	Group #	Policy #

Patient's relationship to subscriber ❑ Self ❑ Spouse ❑ Child ❑ Other _____	Subscriber's Employment Status ❑ Full Time ❑ Part Time ❑ Unemployed	Subscriber's Employer

Gender of Subscriber

IN CASE OF EMERGENCY

Name of local friend or relative to contact	Relationship to patient	Home Phone	Mobile Phone
		( )	( )

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize The Miriam Hospital (Women's Medicine Collaborative) or insurance company to release any information required to process my claims.

Patient/Guardian signature	Date

ADVANCED DIRECTIVES: Do you have a Living Will? (A written document instructing your attending physician to withhold or withdraw life-sustaining procedures in the event of a terminal condition) ❑ Yes ❑ No Do you have a Durable Power of Attorney for Healthcare? (A written declaration designating another person to be your agent) ❑ Yes ❑ No I would like the *Living Will and Durable Power of Attorney for Healthcare* booklet. ❑ Yes ❑ No

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Pelvic Pain Program
148 West River St.
Providence, RI 02904
2nd Floor – Suite 8
(401) 606-3000

Patient Label

Date: _____

Legal Name: _____ Date of Birth: _____

Preferred Name: _____

Who referred you to the Pelvic Pain program? _____

Information About Your Pain

Please describe your pain problem (use a separate sheet of paper if needed): _____

_____

_____

_____

_____

_____

What do you think is causing your pain? _____

Is there an event that you associate with the onset of your pain? ☐ No ☐ Yes If so, what? _____

How long have you had this pain? _____ years _____ months

Pain scores over **the last week** (0-10): Average _____ Maximum _____ Minimum _____

*For each of the symptoms listed below, please circle your level of pain **over the last month** using a 10-point scale.*

0 = no pain 3-4 = able to do activity and distract yourself from the pain 4-5 = pain interrupts activities
6-7 = unable to focus 8 = you are thinking about going to the hospital 9-10 = to the hospital

Pain at ovulation (mid-cycle)	0	1	2	3	4	5	6	7	8	9	10
Pain just before period	0	1	2	3	4	5	6	7	8	9	10
Pain (not cramps) before period	0	1	2	3	4	5	6	7	8	9	10
Level of cramps with period	0	1	2	3	4	5	6	7	8	9	10
Pain after period is over	0	1	2	3	4	5	6	7	8	9	10
Deep pain with intercourse	0	1	2	3	4	5	6	7	8	9	10
Burning vaginal pain after intercourse	0	1	2	3	4	5	6	7	8	9	10
Pelvic pain lasting hours or days after intercourse	0	1	2	3	4	5	6	7	8	9	10
Pain when bladder is full	0	1	2	3	4	5	6	7	8	9	10
Pain with urination	0	1	2	3	4	5	6	7	8	9	10
Pain in groin when lifting	0	1	2	3	4	5	6	7	8	9	10
Muscle/Joint pain	0	1	2	3	4	5	6	7	8	9	10
Backache	0	1	2	3	4	5	6	7	8	9	10
Pain with sitting	0	1	2	3	4	5	6	7	8	9	10
Migraine headache	0	1	2	3	4	5	6	7	8	9	10

Gastrointestinal / Eating

Do you have nausea? ☐ No ☐ With pain ☐ Taking medications ☐ With eating ☐ Other _____

Do you have vomiting? ☐ No ☐ With pain ☐ Taking medications ☐ With eating ☐ Other _____

Do you have constipation (hard or infrequent bowel movements)? ☐ No ☐ Yes

Do you have diarrhea (liquid or frequent bowel movements)? ☐ No ☐ Yes

Have you ever had an eating disorder such as anorexia or bulimia? ☐ No ☐ Yes

Are you experiencing rectal bleeding or blood in your stool? ☐ No ☐ Yes

Do you have increased pain with bowel movements? ☐ No ☐ Yes

Does your pain improve after completing a bowel movement? ☐ No ☐ Yes

Do you experience bloating associated with your pain? ☐ No ☐ Yes

Patient Label

The following questions help to diagnose Pelvic Varicosity Pain Syndrome, which may cause pelvic pain.

Is your pelvic pain aggravated by prolonged physical activity?	☐ No	☐ Yes
Does your pelvic pain improve when you lie down?	☐ No	☐ Yes
Do you have pain that is deep in the vagina or pelvis *during* sex?	☐ No	☐ Yes
Do you have pelvic throbbing or aching *after* sex?	☐ No	☐ Yes

Urinary Symptoms

How often do you void during the day? _____

How many times do you wake at night to void? _____

Do you experience any of the following?

Loss of urine when coughing, sneezing, or laughing?	☐ No	☐ Yes
Difficulty passing urine?	☐ No	☐ Yes
Frequent bladder infections?	☐ No	☐ Yes
Blood in the urine?	☐ No	☐ Yes
Bladder still feeling full after urination?	☐ No	☐ Yes
Having to void again within minutes of voiding?	☐ No	☐ Yes

Musculoskeletal

For each system listed below, use the following scale to indicate the severity of the symptom during the past 7 days.

- No problem
- Slight or mild problem: generally mild or intermittent
- Moderate problem: considerable problems; often present and/or at a moderate level
- Severe problem: continuous, life-disturbing problems

	No problem	Slight or Mild problem	Moderate problem	Severe problem
A. Fatigue	☐	☐	☐	☐
B. Trouble thinking or remembering	☐	☐	☐	☐
C. Waking up tired (unrefreshed)	☐	☐	☐	☐

During the past 6 months have you had any of the following symptoms?

A. Pains or cramps in lower abdomen	☐ No	☐ Yes
B. Depression	☐ No	☐ Yes
C. Headache	☐ No	☐ Yes

Have the symptoms in the above questions and pain been present at a similar level for at least 3 months? ☐ No ☐ Yes

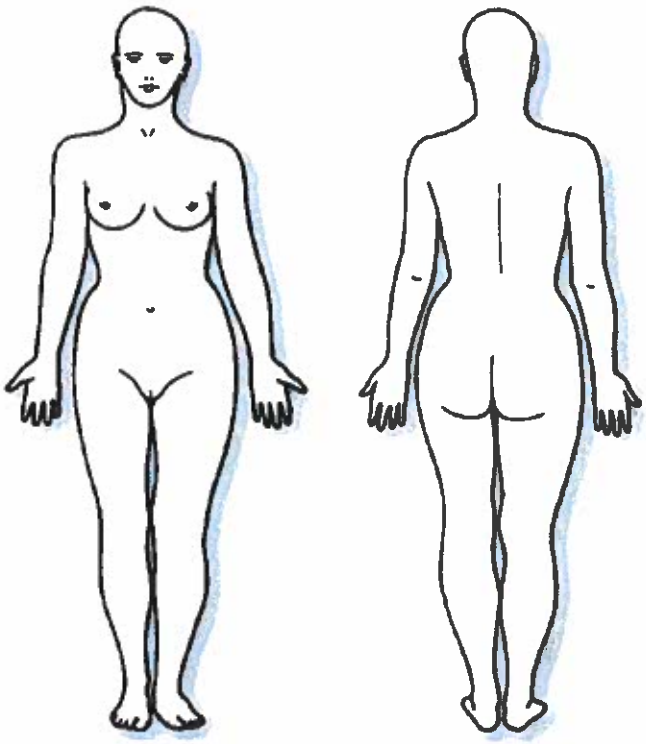
Patient Label

Of all the problems or stresses in your life, how does your pain compare in importance?

☐ The most important problem ☐ Just one of many problems

Pain Maps

Please shade area(s) of pain and write a number from 1 to 10 at the site(s) of pain. (10 = most severe pain imaginable)



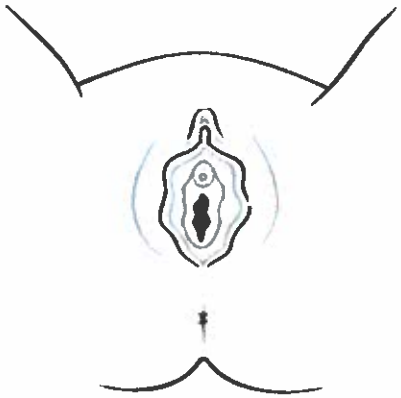
RIGHT LEFT LEFT RIGHT

Vulvar/Perineal Pain

(pain outside and around the vagina and anus)

If you have vulvar pain, shade the painful area(s) and write a number from 1 to 10 at the painful site(s).

Is your pain relieved by sitting on a commode seat? ☐ Yes ☐ No



RIGHT LEFT

*What physicians or health care providers have evaluated or treated you for **chronic pelvic pain**?*

Physician / Provider	***Specialty***	***City, State, Phone #***

Information About Your Pain Management

What types of treatments/providers have you tried in the past for your pain? Please check all that apply.

☐ Acupuncture
☐ Anesthesiologist
☐ Anti-seizure medications
☐ Antidepressants
☐ Biofeedback
☐ Botox injection
☐ Contraceptive pills/patch/ring
☐ Danazol (Danocrine)
☐ Depo-Provera
☐ Gastroenterologist
☐ Gynecologist
☐ Family Practitioner
☐ Herbal Medicine
☐ Homeopathic medicine
☐ Lupron, Synarel, Zoladex
☐ Massage
☐ Meditation
☐ Narcotics
☐ Naturopathic medication
☐ Nerve blocks
☐ Neurosurgeon
☐ Nonprescription medication
☐ Nutrition/Diet
☐ Physical Therapy
☐ Psychotherapy
☐ Psychiatrist
☐ Rheumatologist
☐ Skin magnets
☐ Surgery
☐ TENS unit
☐ Trigger point injections
☐ Urologist
☐ Other: _____

Patient Label

If answering these questions is upsetting to you, please feel free to leave blank.

When you were growing up, did you ever experience any traumatic events, such as violence in or out of the home, family members with substance abuse, or sexual violence? ☐ No ☐ Yes

As an adult, have you experienced any physical, emotional, or sexual abuse? ☐ No ☐ Yes

Are you experiencing physical, emotional, or sexual abuse currently? ☐ No ☐ Yes

The words below describe average pain. Please put a **check mark** in the column which represents the degree to which you feel that type of pain. Please limit yourself to a description of **the pain in your pelvic area only**.

What does your pain feel like?

Type	None (0)	Mild (1)	Moderate (2)	Severe (3)
Throbbing				
Shooting				
Stabbing				
Sharp				
Cramping				
Gnawing				
Hot/Burning				
Aching				
Heavy				
Tender				
Splitting				
Tiring/Exhausting				
Sickening				
Fearful				
Punishing/Cruel				

Coping Mechanisms

Who are the people you talk to concerning your pain, or during stressful times?

☐ Spouse/Partner ☐ Relative ☐ Support Group ☐ Clergy
☐ Doctor/Nurse ☐ Friend ☐ Mental Health provider ☐ I take care of myself

How does your partner deal with your pain?

☐ Not applicable ☐ Doesn't notice when I'm in pain ☐ Takes care of me ☐ Withdraws
☐ Feels helpless ☐ Distracts me with activities ☐ Gets angry

What helps your pain?

☐ Meditation ☐ Relaxation ☐ Lying down ☐ Music ☐ Massage
☐ Ice ☐ Heating Pad ☐ Hot bath ☐ Pain medication ☐ Laxatives/Enema
☐ Injection ☐ TENS unit ☐ Bowel movement ☐ Emptying bladder ☐ Nothing
☐ Other: _____

What makes your pain worse?

☐ Intercourse ☐ Orgasm ☐ Stress ☐ Full meal ☐ Bowel movement
☐ Full bladder ☐ Urination ☐ Standing ☐ Walking ☐ Exercise
☐ Time of day ☐ Weather ☐ Contact with clothing ☐ Coughing/Sneezing ☐ Not related to anything
☐ Other: _____

Patient Label

Please put a check mark in the column that represents the degree to which you feel the following:

When I'm in pain....	Not at all (0)	To a slight degree (1)	To a moderate degree (2)	To a great degree (3)	All the time (4)
I worry all the time about whether the pain will end.					
I feel I can't go on.					
It's terrible and I think it's never going to get any better.					
It's awful and I feel it overwhelms me.					
I feel I can't stand it anymore.					
I become afraid that the pain will get worse.					
I keep thinking of other painful events.					
I anxiously want the pain to go away.					
I can't seem to keep it out of my mind.					
I keep thinking about how much it hurts.					
I keep thinking about how badly I want the pain to stop.					
There's nothing I can do to reduce the intensity of the pain.					
I wonder if something serious may happen.					

Thank you for completing this questionnaire.

Lifespan Physician Group-Obstetrics & Gynecology's Providence office has moved to
148 West River St., Suite 8, Providence, RI
401-606-3000

It is best to enter the building from the South Entrance. We are located on the first floor off the main hallway.

From EAST of PROVIDENCE
From Route 195, merge onto Route 95 North toward Providence. Follow Route 95 North to Providence. Take the Branch Avenue exit (Exit 24). Turn left onto Branch Avenue. Follow Branch Avenue to the first traffic light. At the traffic light, turn left onto West River Street 148 West River Street is on the right (brick mill building). *If you accidentally get on Route 146 North (instead of following Route 95 North) and take the Branch Avenue exit off of Route 146 North, you must turn right off of the exit.*

From WEST of PROVIDENCE
Follow Route 146 South to Providence. Take the Admiral Street exit. Turn left onto Admiral Street. Turn right onto Charles Street/RI-246. Turn left onto West River Street. 148 West River Street is on the left (brick mill building).

From NORTH of PROVIDENCE
Follow Route 95 South toward Providence (crossing into Rhode Island). Take the Branch Avenue exit (Exit 24). Turn right onto Branch Avenue. Follow Branch Avenue to the first traffic light. At the traffic light, turn left onto West River Street. Turn right to stay on West River Street. 148 West River Street is on the right (brick mill building).

From SOUTH of PROVIDENCE
Follow Route 95 North to Providence. Take the Branch Avenue exit (Exit 24). Turn left onto Branch Avenue. Follow Branch Avenue to the first traffic light. At the traffic light, turn left onto West River Street. 148 West River Street is on the right (brick mill building). *If you accidentally get on Route 146 North (instead of following Route 95 North) and take the Branch Avenue exit off of Route 146 North, you must turn right off of the exit.*

BUS ROUTES
Best services to take are **Route# 58** to Corliss Street and West River Street or **Route# 72** to Charles Street and West River St.
Route# 58: Get off at bus stop near Stop & Shop. Walk down the hill to the corner of Corliss Street and West River Street, take a right onto West River Street. Our building is a brick mill building on the right. Enter through the South parking lot entrance.
Route# 72: Get off at bus stop in front of the Providence Post Office (across the street from the "Subway" sandwich shop). Walk to the corner of Charles Street and West River Street, take a right onto West River Street and walk straight down to our building. It is a brick mill building on the left. Enter through the South parking lot entrance.
Contact RIPTA at (401) 781-9400 or online at www.ripta.com for schedules and additional information.

EAST GREENWICH, RI 02818
WEST BAY MEDICAL OFFICE CONDOMINIUMS
1377 SOUTH COUNTY TRAIL UNIT 2A
401-606-3000

FROM 95 NORTH: Merge onto RI-2 S via EXIT 8A toward RI-4/East Greenwich. Drive 0.56 miles. We are the second driveway on the right after CVS Pharmacy, just past New England Tech Boulevard. *If you reach Pine Glen Drive you have gone too far.*
FROM 95 SOUTH: Merge onto RI-2 via EXIT 8 toward East Greenwich/West Warwick. Drive 0.91 miles. We are the second driveway on the right after CVS Pharmacy, just past New England Tech Boulevard.
FROM Take RI-4 N: Merge onto Division Rd/RI-401 W via EXIT 8B toward RI-2 S/I-95 S. Drive 0.77 miles. Turn left onto Quaker Ln/RI-2. Continue to follow RI-2. Drive 0.23 miles to 1377 South County Trail is on the right past Dave's Market.

EAST PROVIDENCE, RI 02914
900 WARREN AVENUE, SUITE 101
401-606-3000

FROM 95 NORTH or SOUTH VIA 195: Take 195 East. Get off at Exit 2C. At traffic light, turn left onto Warren Ave. Office approx. ¼ miles on the left. Go slightly past Chelo's Restaurant to the light at the Extended Stay America Hotel. Turn left at that light into the parking lot. Follow around to the left. 900 Warren Avenue (Coastal Medical Building) is the last building in the lot.
FROM MASSACHUSETTS via 195: Take 195 West. Take Exit 1 in Seekonk. At the end of exit, turn right. At first light, take a left. (Pass Lucky's Bar and Grill on left). Go under the overpass and bear to your right onto Warren Ave. Take a right at first light at the Extended Stay America Hotel. Follow around to your left. 900 Warren Avenue (Coastal Medical Building) is the last building in the lot.
FROM THE "EAST BAY": Take Route 114 North towards Providence. Bear right at Mobil Station and follow 114A. Drive approx. ½ mile and you will come to Route 6. Turn left onto Route 6 going West. Continue on into Rhode Island (through several lights). Turn right at light at the Extended Stay America Hotel. Follow around to your left. 900 Warren Avenue (Coastal Medical Building) is the last building in the lot.

NORTH ATTLEBORO, MA 02760
6 WHIPPLE STREET
401-606-3000

FROM 95 NORTH: Take Exit 2B (South Attleboro) and continue on RT. 1A past Emerald Square Mall. Office is on left hand side across the street from Showcase Cinemas.
FROM WOONSOCKET: Take 295 to RT. 1 exit. North onto RT. 1. Office is ½ mile on left, across the street from Showcase Cinemas.

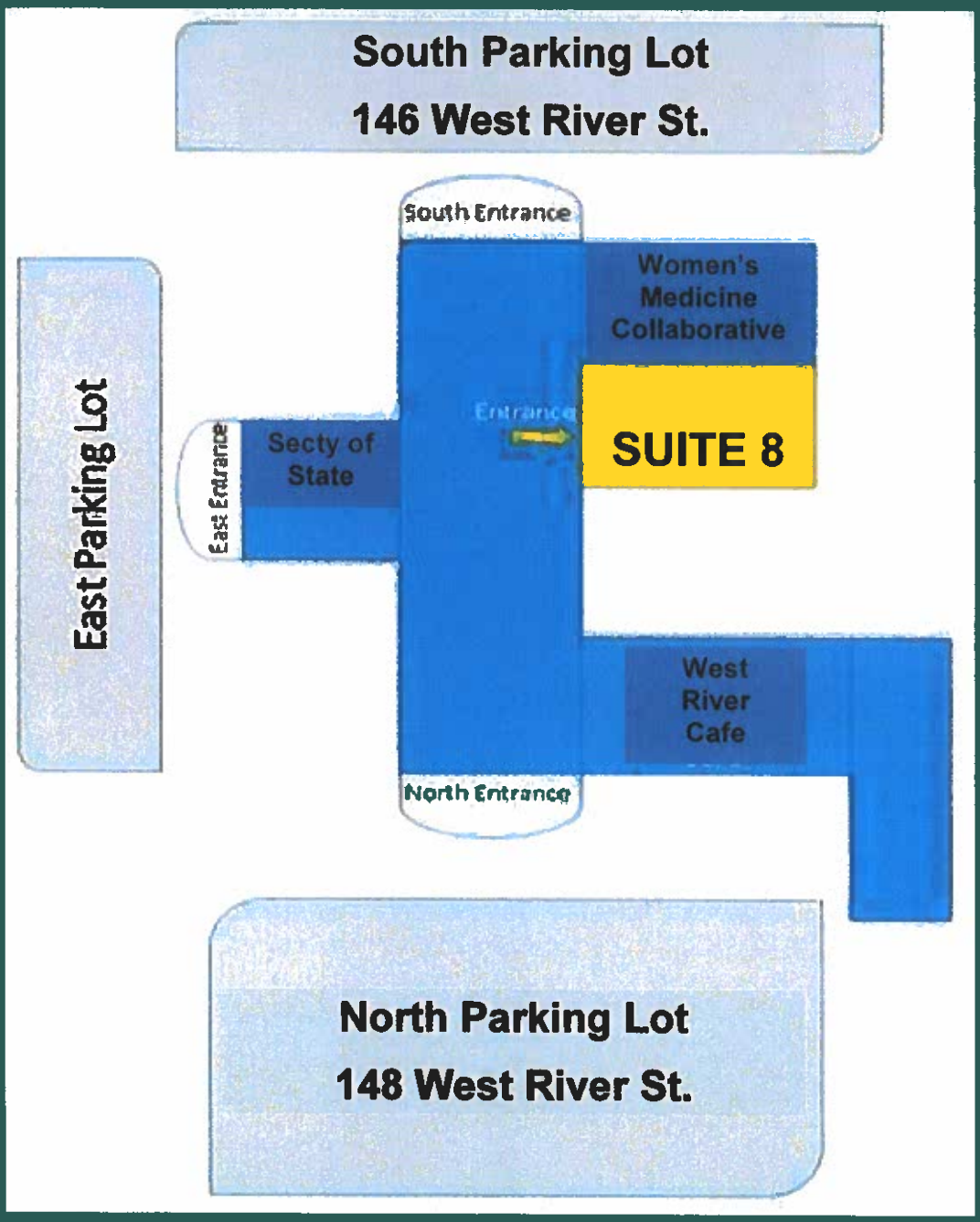
1/21/2020

LPG - Obstetrics & Gynecology

148 West River Street - Suite 8, Providence, RI 02904

Our suite is accessible from all West River building entrances.

Our suite is on the 1st floor, closest to the SOUTH entrance.



To access our 2nd floor:

Once in our suite, take the elevator located on the right, just past the first check-in window.