

# ARTHRITIS SPECIALISTS, LTD.

Peter Coutlakis, M.D.  
E. Forrest Jessee, Jr., M.D., F.A.C.R.  
Lucia S. Morey, M.D.  
Keith P.R. Burwell, D.O.

1401 Johnston Willis Dr., Suite 1200, North Chesterfield, Va 23235  
804.323.1401 • Fax: 804.323.1878

James P. Brodeur, M.D., F.A.C.P.  
James C. Sutherland, Jr., M.D., F.A.C.R.  
Lindsay S. Holtz, M.D.

8201 Atlee Road, Suite B, Mechanicsville, Va 23116  
804.730.5222 • Fax: 804.730.5225

## Welcome to Arthritis Specialists LTD

Your appointment is with \_\_\_\_\_  
on: \_\_\_\_\_ @ \_\_\_\_\_

**PLEASE CALL OUR OFFICE TWO WORKING DAYS  
PRIOR TO YOUR SCHEDULED APPOINTMENT.**

**(CALL ON \_\_\_\_\_ BY 12:00 NOON)**

**IF WE DO NOT HEAR FROM YOU BY THE DATE  
SPECIFIED, YOUR APPOINTMENT WILL BE CANCELLED.**

To help us with your consultation, it would be helpful if you would fill out the enclosed forms so that we may know more about your reasons for joining our practice, and to assist you with your care. Along with your paperwork, we ask that you bring in your insurance card, photo I.D., copay and referral (if applicable). Thank you and we look forward to meeting you.

**PLEASE ARRIVE 30 MINUTES BEFORE YOUR APPOINTMENT TIME**

Arthritis Specialists LTD  
8201 Atlee Road, Ste B  
Mechanicsville, VA 23116  
Phone (804) 730-5222  
Fax (804) 559-8075

**ENCLOSED ARE DIRECTIONS FOR YOUR USE**

**PLEASE FILL OUT FORMS (front and back) COMPLETELY BEFORE ARRIVING**

**DIRECTIONS TO ARTHRITIS SPECIALISTS, LTD. ATLEE OFFICE**  
**8201 ATLEE ROAD, SUITE B**  
**MECHANICSVILLE, VA 23116**  
**804.730.5222 - FAX: 804.730.5225**

**DIRECTIONS FROM FREDERICKSBURG:**

MERGE ONTO I-95 S TOWARD RICHMOND.  
MERGE ONTO I-295 VIA EXIT NUMBER 84A  
ON THE LEFT-TOWARDS ROCKY MOUNT NC.  
TAKE THE VA-627 W/MEADOWBRIDGE RD EXIT - NUMBER 38-B  
WHEN YOU COME TO YOUR THIRD (3) STOPLIGHT,  
TAKE A RIGHT ONTO ATLEE RD, THEN MAKE YOUR FIRST LEFT  
AND WE ARE THE L – SHAPED BRICK BUILDING ON THE RIGHT SIDE.

**DIRECTIONS FROM RICHMOND/CHESTERFIELD**

MERGE ONTO I-95 N TOWARD WASHINGTON/I-95N  
MERGE ONTO I-295 S VIA EXIT 84A TOWARD I-64 E/NORFOLK/ROCKY MT NC  
TAKE THE MEADOWBRIDGE RD EXIT, EXIT 38B, TOWARD VA-627W  
WHEN YOU COME TO YOUR THIRD (3) STOPLIGHT,  
TAKE A RIGHT ONTO ATLEE RD, THEN MAKE YOUR FIRST LEFT  
AND WE ARE THE L – SHAPED BRICK BUILDING ON THE RIGHT SIDE

**DIRECTIONS FROM SOUTH OF RICHMOND:**

BEAR RIGHT ONTO 295 TOWARDS WILLIAMSBURG/VA BEACH  
TAKE THE VA-627 W/MEADOWBRIDGE RD EXIT – NUMBER 38-B  
WHEN YOU COME TO YOUR THIRD (3) STOPLIGHT,  
TAKE A RIGHT ONTO ATLEE RD, THEN MAKE YOUR FIRST LEFT  
AND WE ARE THE L – SHAPED BRICK BUILDING ON THE RIGHT SIDE

**DIRECTIONS FROM CHARLOTTESVILLE: ENTRANCE IN THE REAR OF BUILDING**

MERGE ONTO I-64 E TOWARD RICHMOND  
MERGE ONTO I-295 S VIA EXIT NUMBER 177 TOWARD  
WASHINGTON/NORFOLK  
TAKE THE VA-627 W /MEADOWBRIDGE RD EXIT – NUMBER 38B  
WHEN YOU COME TO YOUR THIRD (3) STOPLIGHT,  
TAKE A RIGHT ONTO ATLEE RD, THEN MAKE YOUR FIRST LEFT  
AND WE ARE THE L – SHAPED BRICK BUILDING ON THE RIGHT SIDE

**DIRECTIONS FROM VA BEACH**

MERGE ONTO I-64 WEST TOWARD RICHMOND  
BEAR RIGHT ONTO I-295 N VIA EXIT NUMBER 200  
TOWARD WASHINGTON  
TAKE THE VA-627 W/ MEADOWBRIDGE RD EXIT – NUMBER 38B  
WHEN YOU COME TO YOUR THIRD (3) STOPLIGHT,  
TAKE A RIGHT ONTO ATLEE RD, THEN MAKE YOUR FIRST LEFT  
AND WE ARE THE L – SHAPED BRICK BUILDING ON THE RIGHT SIDE

# ARTHRITIS SPECIALISTS, LTD.

## Patient Registration

FULL NAME					S.S. NUMBER	
ADDRESS				CITY		STATE AND ZIP
BIRTH DATE	AGE	SEX	MARITAL STATUS	PRIMARY PHONE		SECONDARY PHONE
LANGUAGE		RACE			ETHNIC GROUP	

EMPLOYER	OCCUPATION
ADDRESS	BUSINESS PHONE

EMERGENCY CONTACT	PHONE
ADDRESS (IF DIFFERENT FROM ABOVE)	

FAMILY PHYSICIAN (IF ANY)	LOCATION	PHONE
REFERRING PHYSICIAN (IF ANY)	LOCATION	PHONE

### Insurance Information (Name of Insurance Companies)

PRIMARY	SECONDARY	TERTIARY
---------	-----------	----------

### PATIENT AUTHORIZATION

I hereby authorize the release of medical information to my physician(s) or my insurance company.

In order to help us provide you with the best services possible, we have adopted the following billing policy:

I understand that I am responsible for payment of my bill in full, regardless of what my insurance pays.

In the event that the responsible party defaults on payment to this office for professional services rendered within the preceding 60 days, the responsible party agrees to pay to Arthritis Specialists, Ltd. expenses incurred in effecting collection of this account, including attorney's fees equal to 33 1/3% of the balance due, as well as applicable court costs. These sums are expressly recognized to be in addition to the balance on the account at the time it is placed for collection.

Arthritis Specialists, Ltd. requires at least 24 hours notice for all appointment cancellations. If you are unable to provide 24 hours notice, you will be billed a \$25.00 charge for your scheduled appointment time.

I request that the physicians and staff of Arthritis Specialists, Ltd. have any and all access to my electronic medical records for the purpose of providing me medical care.

I give my permission for physicians and staff of Arthritis Specialists, Ltd. to leave voice mails on my home phone or work phone.

By supplying my home phone number, mobile phone number, and any other personal contact information, I authorize my health care provider to employ a third-party automated outreach & messaging system to use my personal information, the name of my care provider, the time and place of my scheduled appointment(s) to notify me of pending appointments.

Patient agrees that the physicians of Arthritis Specialists, Ltd. are specialists in Rheumatology and are not in any way practicing as *Primary Care Physicians* or *General Internal Medicine Physicians* for the patient. Furthermore, patient represents that he or she has a *Primary Care Physician* who serves him or her for general medical problems, both routine and emergency in nature.

Your signature below attests to your understanding and willingness to comply with the above policy. Thank you for your cooperation.

In the event one of Arthritis Specialists, Ltd.'s employees is exposed to your blood or body fluids, you consent to have your blood drawn to test for blood borne pathogens.

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

### LIFETIME FORM

Beneficiary Name: \_\_\_\_\_

Health Insurance #: \_\_\_\_\_

I request that payment under the Medicare Insurance Program be made either to me or on my behalf to Arthritis Specialists, Ltd. for any services furnished by that physician/provider.

I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine those benefits or the benefits payable for related services.

Beneficiary Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Arthritis Specialists, Ltd.

Name \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_

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

**Past Medical History**

\_\_\_ *No Known Medical History*

___ Anxiety	___ Arthritis	___ Asthma
___ Back Pain	___ Cancer	___ Chronic Renal Insufficiency
___ Clots in Legs	___ Clots in Lungs	___ Congestive Heart Failure
___ COPD	___ Crohn's Disease	___ Depression
___ Diabetes (Type I)	___ Diabetes (Type II)	___ Fibromyalgia
___ Gout	___ Glaucoma	___ Heart Attack
___ Heart Disease	___ Heart Disease – Angina	___ Hepatitis
___ High Cholesterol	___ Hypertension	___ Intestinal Bleeding
___ Kidney Stones	___ Lupus	___ Migraine Headache
___ Osteoarthritis	___ Osteopenia	___ Osteoporosis
___ Peptic Ulcer Disease	___ Prostate Trouble	___ Reflux Heart Burn
___ Rheumatoid Arthritis	___ Seizures	___ Sjogren's
___ Strep Throat (Recent)	___ Tension Headache	___ Ulcerative Colitis
___ Underactive Thyroid	___ Urinary Tract Infection	
Other:(not listed above) _____		
_____		

**Surgical History/Operations** (Please include date if possible) \_\_\_ *No Known Surgical History*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Medications, Dosage and Frequency**

     *No Known Medication*  
*Frequency*

<i>Medication</i>	<i>Dosage</i>	<i>Frequency</i>

**Vitamins**

---

**Allergies to Medications** (Please include reaction if possible)           *No Known Drug Allergies*

---



---



---



---



---



---

**Social History**

Married     Single     Divorced     Separated     Widowed

Employment – Occupation \_\_\_\_\_

Current Smoking Status:        Never Smoked         Smoke Every day         Smoke Some Days

     Former Smoker (Packs per day \_\_\_\_\_) How long have/did you smoked? \_\_\_\_\_ Age Started \_\_\_\_\_

Do you drink caffeinated beverages?    No     Yes    Number per day? \_\_\_\_\_

Do you drink alcohol?                               No     Yes    Number per week? \_\_\_\_\_

Have you done any illicit drugs?     No     Yes

**Family History** (Please include relation if possible)

     *No Known Family History*

<u>    </u> Ankylosing Spondylitis ( _____ )	<u>    </u> Arthritis ( _____ )	<u>    </u> Asthma ( _____ )	<u>    </u> Cancer ( _____ )
<u>    </u> Crohn's Disease ( _____ )	<u>    </u> Diabetes ( _____ )	<u>    </u> Epilepsy/Seizure ( _____ )	<u>    </u> Gout ( _____ )
<u>    </u> Heart Disease ( _____ )	<u>    </u> High Blood Pressure ( _____ )	<u>    </u> Kidney Disease ( _____ )	<u>    </u> Lupus or SLE ( _____ )
<u>    </u> Mental Illness ( _____ )	<u>    </u> Osteoarthritis ( _____ )	<u>    </u> Osteoporosis ( _____ )	<u>    </u> Psoriasis ( _____ )
<u>    </u> Psoriatic Arthritis ( _____ )	<u>    </u> Rheumatoid Arthritis ( _____ )	<u>    </u> Stroke ( _____ )	<u>    </u> Tuberculosis ( _____ )
<u>    </u> Ulcerative Colitis ( _____ )	Other: _____		

Review of Organ Systems: please mark the symptoms that you have on a regular basis.

### Constitutional

- Recent weight gain, amount \_\_\_\_\_
- Recent weight loss, amount \_\_\_\_\_
- Fatigue
- Weakness
- Fever
- Night Sweats
- Hours of sleep per night
- Chills

### Head and Neck

- Dry mouth
- Dry eyes
- Blurred vision
- Loss of vision
- Mouth ulcers
- Pain or redness of the eyes
- Tender Scalp
- Jaw pain while chewing food

### Pulmonary

- Cough
- Wheeze
- Sputum production
- Shortness of breath
- Chest pain with deep breathing
- Coughing up blood

### Cardiovascular

- Raynaud's
- Fingers White, Purple, Blue in cold
- Short of breath when lying flat
- Heart Pounding
- Chest pain/angina
- Swollen legs or feet
- Wake at Night to Sit Up and Catch breath
- Edema

### Gastrointestinal

- Heartburn
- Trouble swallowing
- Nausca
- Blood
- Mucus
- Stomach Pain
- Diarrhea
- Constipation
- Blood in stool
- Black/tarry stools
- Hepatitis
- Yellow Skin/eyes

### Genitourinary

- Burning while urinating
- Urinating Frequently
- Kidney stones
- Blood in urine
- Night time urination
- Prostate trouble
- Flank pain

### Musculoskeletal

- Morning stiffness
- How long does the stiffness last? \_\_\_\_\_
- Joint pain
- Joint swelling
- Neck pain
- Back pain
- Muscle pain or tenderness
- Muscle nodules
- Deformities of the joint

### Hematologic/Lymphatic

- Swollen glands
- Clots in Lungs or Legs
- Anemia
- Excess Bleeding

### Skin

- Rash
- Psoriasis
- Tightness of the skin
- Nodules
- Sensitivity to sunlight
- Easy bruising
- Nail changes or pits
- Loss of hair all over or spots
- Facial rash

### Neurological

- Epilepsy/seizures
- Muscle weakness
- Headaches
- Dizziness
- Fainting
- Muscle cramps
- Loss of coordination
- Fainting Spells
- Numbness/tingling

### Psychiatric

- Anxiety
- Depression
- Suicidal thoughts

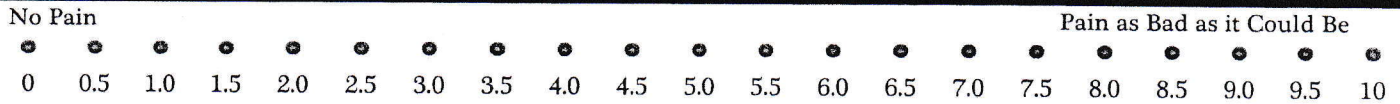
## Routine Assessment of Patient Index Data

The RAPID3 includes a subset of core variables found in the Multi-dimensional HAQ (MD-HAQ). Page 1 of the MD-HAQ, shown here, includes an assessment of physical function (section 1), a patient global assessment (PGA) for pain (section 2), and a PGA for global health (section 3). RAPID3 scores are quickly tallied by adding subsets of the MD-HAQ as follows:

1. Please Check the ONE Best Answer for your Abilities At This Time:					1. a-j FN (0-10):	
OVER THE LAST WEEK, were you able to:	Without ANY Difficulty	With SOME Difficulty	With MUCH Difficulty	UNABLE to do		
a. Dress yourself, including tying shoelaces and doing buttons?	___0	___1	___2	___3	1=0.3	16=5.3
b. Get in and out of Bed?	___0	___1	___2	___3	2=0.7	17=5.7
c. Lift a full cup or glass to your mouth?	___0	___1	___2	___3	3=1.0	18=6.0
d. Walk outdoors on flat ground?	___0	___1	___2	___3	4=1.3	19=6.3
e. Wash and dry your entire body?	___0	___1	___2	___3	5=1.7	20=6.7
f. Bend down to pick up clothing from the floor?	___0	___1	___2	___3	6=2.0	21=7.0
g. Turn regular faucets on and off?	___0	___1	___2	___3	7=2.3	22=7.3
h. Get in and out of a car, buss, train, or airplane?	___0	___1	___2	___3	8=2.7	23=7.7
i. Walk two miles or three kilometers, if you wish?	___0	___1	___2	___3	9=3.0	24=8.0
j. Participate in recreational activities and sport as you would like, if you wish?	___0	___1	___2	___3	10=3.3	25=8.3
k. Get a good night's sleep?	___0	___1.1	___2.2	___3.3	11=3.7	26=8.7
l. Deal with feelings of anxiety or being nervous?	___0	___1.1	___2.2	___3.3	12=4.0	27=9.0
m. Deal with feelings of depression or feeling blue?	___0	___1.1	___2.2	___3.3	13=4.3	28=9.3
					14=4.7	29=9.7
					15=5.0	30=10.0
					2. PN (0-10):	
					3. PTGE (0-10):	
					RAPID3 (0-30):	

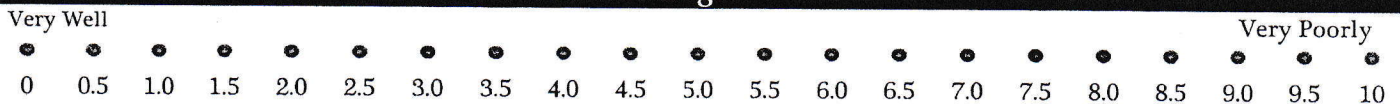
## 2. How Much Pain Have You Had Because of Your Condition OVER THE PAST WEEK?

Please Indicate Below How Sever Your Pain Has Been:



## 3. Considering All the Ways in Which Illness and Health Conditions May Affect You

At This Time, Please Indicate Below How You Are Doing:



### CONVERSION TABLE

Near Remission (NR): 1=0; 2=0.7; 3=1.0

Low Severity (LS): 4=1.3; 5=1.7; 6=2.0

Moderate Severity (MS): 7=2.3; 8=2.7; 9=3.0; 10=3.3; 11=3.7; 12=4.0

High Severity (HS): 13=4.3; 14=4.7; 15=5.0; 16=5.3; 17=5.7; 18=6.0;

19=6.3; 20=6.7; 21=7.0; 22=7.3; 23=7.7; 24=8.0; 25=8.3; 26=8.7; 27=9.0;

28=9.3; 29=9.7; 30=10.0

### HOW TO CALCULATE RAPID 3 SCORES

- Ask the patient to complete questions 1, 2, and 3 while in the waiting room prior to his/her visit.
- For question 1, add up the scores in questions A-J only (question K-M have been found to be informative, but are not scored formally). Use the formula in the box on the right to calculate the formal score (0-10). For example, a patient whose answers total 19 would score a 6.3. Enter this score as an evaluation of the patient's functional status (FN).
- For question 2, enter the raw score (0-10) in the box on the right as an evaluation of the patient's pain tolerance (PN).
- For question 3, enter the raw score (0-10) in the box on the right as an evaluation of the patient's global estimate (PTGE).
- Add the total score (0-30) from questions 1, 2, and 3 and enter them as the patient's RAPID 3 cumulative score. Use the final conversion table to simplify the patient's weighed RAPID 3 score. For example, a patient who scores 11 on the cumulative RAPID 3 scale would score a weighed 3.7. A patient who scores between 0-1.0 is defined as near remission (NR); 1.3-2.0 as low severity (LS); 2.3-4.0 as moderate severity (MS); and 4.3-10.0 as high severity (HS).

**Please list all of your physicians that you are authorizing us to release medical information/records to:**

Physicians Name	Specialty

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



## **ARTHRITIS SPECIALISTS, LTD.**

**Peter Couflakis, M.D.  
E. Forrest Jesse, Jr., M.D., F.A.C.R.  
Lucia S. Morey, M.D.**

1401 Johnston Willis Dr., Suite 1200, North Chesterfield, Va 23235  
804.323.1401 • Fax: 804.323.1878

**James P. Brodeur, M.D., F.A.C.P.  
James C. Sutherland, Jr., M.D., F.A.C.R.  
Lindsay S. Holtz, M.D.**

8201 Atlee Road, Suite B, Mechanicsville, Va 23116  
804.730.5222 • Fax: 804.730.5225

Dear Patient,

The appointment that you have made with our physician is a one hour consultation that has been set aside for you and you only.

At this time the physician will take an extended history from you and perform an extensive exam and evaluation.

If for some reason you cannot keep this appointment, you must call our office two business days in advance to cancel or reschedule. In not doing so, we will not be able to schedule another appointment for you until we have a \$200.00 deposit to hold your appointment. After receiving your deposit, our office will call you and schedule the next available appointment.

We will refund this money back to you if you keep your appointment and gladly file any insurance that is applicable. If you do not keep your second appointment, the deposit is non-refundable.

Sincerely,

The Physicians & Staff of Arthritis Specialists, Ltd.