

# **Joint Aspiration and Injection Acknowledgement Form**

## **Arthritis & Osteoporosis Clinic of the Brazos Valley**

Dr. Ricardo Pocurull MD

Kelle Harper FNP-BC

Patient: \_\_\_\_\_

1. Arthrocentesis or aspiration and injection of a joint are procedures commonly used by the AOCBV to improve joint function and provide pain relief as well as evaluation measures. This is an acknowledgement form for patient record identifying my acknowledgement of such procedures.
2. I understand that these are procedures performed by placing a needle into the joint or surrounding area. The goal is to withdraw fluid from the joint to provide pain relief, analyze the fluid under the microscope, and, possibly, inject medication into the joint to provide additional pain relief. I understand that the removal of fluid may be needed to find out why the fluid was present. I understand that fluid may re-accumulate after the removal. I understand that the medication that may be injected is a corticosteroid and may not provide long-lasting or permanent relief, and that no guarantee can be made about the outcome of my planned procedure.
3. My doctor has explained to me that this procedure generally is safe, but that certain risks accompany any surgical procedure. Risks associated with joint aspiration and injection include the following:
  - Pain associated with the procedure if the needle touches joint surfaces
  - Increased bleeding, especially for those patients on blood thinning medications.
  - Damage to a nerve or joint surface from the needle or medication
  - Rare introduction of infection into the joint
  - Increased joint pain after injection of medication, or post-injection flare reaction
4. I understand that I can refuse any procedure that is offered to me during my care at AOCBV.

Initials: \_\_\_\_\_

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

**Arthritis & Osteoporosis  
Clinic of Brazos Valley**  
*Board Certified in Rheumatology*

**Controlled Substance Contract  
Medication Agreement/Procedure**

Welcome to the office of Ricardo Pocerull, M.D. This agreement is to ensure the safety and compliance of all patients that are treated for pain management in our clinic. Please read the following, sign and date it if you are in agreement with our recommendation for your treatment.

Both the patient and the pain management physician have a common treatment goal: *To improve function and ability to work*. In consideration of that goal, potent medication may be used. These medications are controlled substances and are monitored by local, state and federal agencies. They may consist of narcotics and/or tranquilizers and/or barbiturates. These medications are highly effective but do have abuse potential. Therefore this office does not routinely prescribe narcotic based analgesics.

The following rules must be followed without exception by any patient receiving such medication:

1. Only the Arthritis & Osteoporosis Clinic of Brazos Valley may prescribe controlled medication. If you are currently taking narcotics prescribed by another doctor, we must be notified immediately.
2. Medication is to be taken only as prescribed. Do not increase/change the prescribed dosage: notify the office of any changes in your condition.
3. No medications will be refilled early for any reason. Lost or stolen prescriptions will not be replaced.
4. Please allow the office 48 hours to call in your medications refills. Please limit your calls to the office regarding your refills: check with your pharmacist first.
5. All prescriptions will be filled only during office hours.

I **understand** the above rules and **agree** to abide by them. I also **understand** that I will not continue to be prescribed controlled medications if the above rules are not followed. In addition, the pain management physician may choose to terminate the doctor-patient relationship if the above guidelines are not followed.

\_\_\_\_\_  
Signature of patient or responsible party if  
patient is a minor

\_\_\_\_\_  
Date

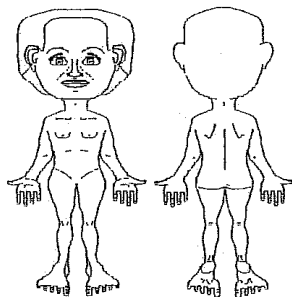
\_\_\_\_\_  
Printed name of the patient

## Medical History

Please fill out COMPLETELY to the best of your knowledge (use reverse if necessary)

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

**Please, Briefly Describe your Symptoms, Circle where appropriate.**



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Please indicate where you hurt:

Quality:            burning            stabbing            aching            gnawing            deep            other: \_\_\_\_\_

Severity on scale of 0-10 (0= no pain, 10= a trip to the ER): \_\_\_\_/10

Duration – How many... \_\_\_\_ Years \_\_\_\_ Months \_\_\_\_ Days?

Do you feel stiff in the morning?    NO    YES    Duration \_\_\_\_ hours \_\_\_\_ minutes

### **CONSTITUTIONAL SYMPTOMS (please circle)**

Tired            Fever            Weak            Night sweats

Weight loss (pounds) \_\_\_\_\_            Weight gain (pounds) \_\_\_\_\_

#### EYES:

Pain            redness            blurry vision            Dryness            Feels like something in the eye

#### EARS/NOSE/MOUTH/THROAT:

Ulcers            Mouth sores            hoarseness            dental caries            dryness of mouth

Heavy snoring            wake-up choking at night

#### CARDIOVASCULAR:

Chest pain            irregular heartbeat            palpitations            swollen legs            difficulty breathing at night

#### RESPIRATORY:

Shortness of breath            Cough            Wheezing

#### GASTROINTESTINAL:

Nausea            Vomiting            Diarrhea            Blood in stools            Black stools            Heart burn            Constipation

#### GENITOURINARY:

Difficulty urinating    burning with urination    blood in urine    foul smell    going to the bathroom    ...at night    ...frequently

#### INTEGUMENTARY:

Rashes            easy bruising            hair loss            changes in color of hands

#### NEUROLOGICAL:

Headaches            Dizziness            Fainting            Tingling (where?) \_\_\_\_\_

#### PSYCHIATRIC:

Anxious            Depressed            Difficulty sleeping            Previous admission to a Psychiatric hospital

History of bipolar disorder or schizophrenia

**Past Medical History**

Osteoarthritis      Rheumatoid Arthritis      Lupus      Gout      Psoriasis  
Spondylitis      Osteoporosis      Seizures      Asthma      Diabetes  
Low Thyroid      Stroke      High Blood Pressure      Tuberculosis  
Heart Disease      Ulcerative Colitis      Crohn's Disease      Cancer (specify): \_\_\_\_\_  
Kidney problems (specify): \_\_\_\_\_  
Other: \_\_\_\_\_

**Surgeries (please circle):**

Hysterectomy    year? \_\_\_\_\_ Ovaries removed?    One    Both    None      Appendix removed  
Tonsils removed      Gall Bladder Removed    Left / Right    Knee Replacement      Left / Right    Hip Replacement  
Other: \_\_\_\_\_

**Obstetrics: Please state how many ....** Pregnancies \_\_\_\_\_ Births \_\_\_\_\_ Miscarriages \_\_\_\_\_ Abortions \_\_\_\_\_

**Family History** (please list any illnesses)

Father: \_\_\_\_\_  
Mother: \_\_\_\_\_  
Siblings: \_\_\_\_\_

**Allergies to any medications:** \_\_\_\_\_

**Social History**

**Do you smoke?**    Yes    No      Packs per day? \_\_\_\_\_  
**Alcohol?**      Yes    No    Occasional      Drinks per day? \_\_\_\_\_  
**Drugs?**      Yes    No      Type: \_\_\_\_\_

**What line of work?** \_\_\_\_\_

**Type of Diet:**      Anything goes      Vegetarian      Lactose intolerant  
Low Fat      Low Carbohydrate      Diabetic      Other: \_\_\_\_\_

**Please list ALL medications you are currently taking (use reverse if necessary):**

# AMERICAN ACADEMY OF NURSE PRACTITIONERS

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## SCOPE OF PRACTICE FOR NURSE PRACTITIONERS

### PROFESSIONAL ROLE

Nurse practitioners are primary care providers who practice in ambulatory, acute and long term care settings. According to their practice specialty these providers provide nursing and medical services to individuals, families, and groups. In addition to diagnosing and managing acute episodic and chronic illnesses, nurse practitioners emphasize health promotion and disease prevention. Services include, but are not limited to ordering, conducting, supervising, and interpreting diagnostic and laboratory tests, and prescription of pharmacologic agents and non pharmacologic therapies. Teaching and counseling individuals, families and groups are a major part of nurse practitioner practice.

Nurse practitioners practice autonomously and in collaboration with health care professionals and other individuals to diagnose, treat and manage the patient's health problems. They serve as health care researchers, interdisciplinary consultants and patient advocates.

### EDUCATION

Entry level preparation for nurse practitioner practice is a master's degree. Didactic and clinical courses prepare nurses with specialized knowledge and clinical competency to practice in primary care, acute care and long term care. Self-directed continued learning and professional development beyond the formal advanced education is essential to maintain clinical competency.

### ACCOUNTABILITY

The autonomous nature of the nurse practitioner's advanced clinical practice requires accountability for health care outcomes. Ensuring the highest quality of care requires certification, periodic peer review, clinical outcome evaluations, a code for ethical practice, evidence of continuing professional development and maintenance of clinical skills. Nurse practitioners are committed to seeking and sharing knowledge that promotes quality health care and improves clinical outcomes. This is accomplished by leading and participating in both professional and lay health care forums, conducting research and applying findings to clinical practice.

### RESPONSIBILITY

The role of the nurse practitioner continues to evolve in response to changing societal and health care needs. As leaders in primary and acute health care, nurse practitioners combine the roles of provider, mentor, educator, researcher, and administrator. Members of the profession are responsible for advancing the role of the nurse practitioner and ensuring that the standards of the profession are maintained. This is accomplished through involvement in professional organizations and participation in health policy activities at the local, state, national and international levels.

AMERICAN ACADEMY OF NURSE PRACTITIONERS

Administration: P.O. Box 12846 – Austin, TX 78711 – (512) 442-4262 – Fax (512) 442-6469 – [www.aanp.org](http://www.aanp.org)

Office of Health Policy: P.O. Box 40130 – Washington, DC 20016 – (202) 966-6414 – Fax (202) 966-2856

## **Arthritis & Osteoporosis Clinic of Brazos Valley**

### FREQUENTLY ASKED QUESTION

1. Why use the online system? Is it secure?
  - a. Online consults and questions take priority.
  - b. Except for weekends, we respond within 24 hours, usually sooner.
  - c. When using the online system you don't have to deal with being on hold or busy signals.
  - d. You don't have to play PHONE TAG with us.
  - e. You can be as verbose as you want with your questions, concerns, or comments.
  - f. You can request refills, appointments, test results, ask question, or do online consultations (non-emergencies only).
  - g. Those who use the online system report much more satisfaction in communicating with our office and getting their issues addressed in a timely fashion.
  - h. The online system is encrypted and endorsed by the American Medical Association and Texas Medical Association.
2. Who answers the online questions?

The online consultations are addressed directly by the doctor. All other questions and request are handled by the nursing staff.
3. How long before I get my test result?

As a general rule, 2 weeks. Once the results are received, they are reviewed by the nurse to identify abnormal results. Abnormal results take priority. The nurse then gives the tests to the doctor for review. The doctor then gives the nurse instructions regarding the test results. This process takes roughly 2 weeks unless it is urgent. Calling sooner than this for routine studies, only ties up our staff. However, if by two weeks you have not heard from our office, please contact us.
4. How do I find out my test results? Do I assume they are negative if I don't hear from anyone?

No. We always contact you either way. Generally, if the results are negative, we will call or send you a note in the mail within 2 weeks. If there is something wrong we will call you right away. If you have an appointment within two weeks, the doctor will usually wait until your office visit to discuss them with you. Lastly, if you do not hear from our office within two weeks of having your tests done, please contact us.
5. How do I find out the results of my Bone Density Test?

Unless the bone density is normal, the doctor likes to discuss the results with the patient. This includes result interpretation, treatment options, and expectations. We prefer not to give these results over the phone.

## FREQUENTLY ASKED QUESTIONS CONT'D...

6. Where do I find information about my condition?

There is plenty of information on our website. We recommend you read about the condition and then ask any further questions on your next visit. If you want to get answers or clarification prior to your next visit, we recommend you use the online function. You will have a better understanding of your condition this way.

7. How do I find out about my blood test?

To avoid or minimize confusion, we prefer to discuss the specifics of the tests once the results are available. In general, if you read about your condition, you should be able to find out what the tests are for. If you then have any further questions, please contact us preferably through the online system.

8. How do I get refills?

- a. Refills may be obtained through your pharmacy, calling us for a new prescription, or using the online refill request.
- b. No refill will be done on weekends or after office hours.
- c. **ABSOLUTELY NO NARCOTIC REFILLS ON WEEKENDS OR AFTER HOURS, ESPECIALLY WHEN ANOTHER DOCTOR IS ON CALL. NO EXCEPTIONS.** Please do not contact us for after hour's refills on narcotics because it will be denied.
- d. Narcotics are only refilled once a month. "I lost my prescription," "my medication was stolen," I accidentally spilled them into the toilette," etc..., are not excuses. The only way to obtain a narcotic refill prior to one month is to see the doctor and be assessed.

9. What happens if I have a problem after hours?

Dr. Pcurull is on call 24/7 unless he is out of town. We do ask for your consideration and that you try to contact us during office hours. This is where the online function is especially helpful. For emergencies please call any time.

Some things doctors **SHOULD** expect from the patient:

- That the patient will not hide facts about his/her illness.
- That the patient will try to follow the doctor's suggestions for treatment, or will tell the doctor when this has not been done.
- That the patient will keep his/her appointments or will cancel as soon as possible those which cannot be kept.
- That the patient will treat the doctor courteously and politely.
- That the patient will take responsibility to ask questions about those parts of his/her illness and its treatments that he/she does not understand well.
- That within the limits of the patient's ability, he/she will be responsible for knowing his/her past medical history and treatment.
- That the patient will not ask the doctor to act illegally or unethically.
- That the patient or a third party such as an insurance carrier will pay the doctor for his/her services.

Some things the doctor **SHOULD NOT** expect from the patient:

- That the patient will be grateful to the doctor for his/her care.
- That the doctor's opinion will never be questioned by the patient.
- That the patient will automatically follow the doctor's medical orders.
- That the patient will always be able to keep anger, depression or fear concerning his/her illness under control and will never displace it onto the doctor.
- That the patient will share the same moral customs and values as the doctor.
- That the patient has any obligation to continue under the doctor's care.