

Infusion Coordinator Phone (410)-442-6553 www.pvinfusions.com Kristina Lynch, MD

## Welcome to our practice!

Dr	at	has ref	ferred you to us for your
infusions.			
	d to seeing you on this date: ated at 10715 Charter Drive Ste. #		<del></del>
great pride in	ed that you have chosen us for you the relationships that we estab pproach to difficult problems.		-
•	Premier Vitality IV and Wellness of to help us maintain our goals. Plaions.		5 5

## **New patients:**

 $\Box_r$ 

Please arrive 15 minutes before your scheduled appointment time with the completed paperwork to allow for the registration process. Please do not mail paperwork.

Bring attached forms, your photo ID and insurance cards to your visit.

Please be aware that if you arrive over 15 minutes late to your appointment you will be asked to reschedule.

## Premier Vitality IV and Wellness Center Patient Information

Last Name	First Name	Middle Initial
Street Address		Apt/Lot
City	State	Zip
SSN	DOB	Circle One: Mr. Mrs. Ms.
Email	Cell #	Home #
Circle One: Male Female	Marital Status S M W D	Student Yes No

# Employment (Circle One): Full-Time Part-time Retired Disabled

Referring Physician	Phone #
Primary Care Physician	Phone #
Spouse	Phone #
Emergency Contact	Phone #
Primary Insurance Name	Policy #
Policy Holder Name	DOB
Group #	Group Name
Secondary Insurance	Policy #
Policy Holder Name	DOB
Group #	Group Name

Consent for treatment, payment and acknowledgement of receipt of notice of privacy practices: I request that payment under the medical insurance program be made payable to Premier Vitality IV and Wellness Center. I authorize disclosure of my personal health information to carry out treatment, payment or health care procedures. I have received the privacy policy and notice of information practices that provides a more complete description of information uses and disclosures. I agree to pay any and all charges that exceed or not paid/covered by my insurance. In the event my account is turned over to a collection agency, I will be billed the additional collection fees.

Patient/Guardian:		Date:	
	Signature		

# Premier Vitality IV and Wellness Center Health Questionnaire

Preferred Pharmacy: Address:	Patient Name:			Date o	f Birth:	
Current medications: Please list name and strength.  1	Preferred Pharmacy:		A	ddress:		
1	City:	State:	Zip: _			
2	Current medications: Please	list <b>name</b> and <b>strer</b>	ngth.			
2	1		mg 8			mg
mg   10						
mg   11						
Medications you have tried in the past for the condition you are being referred to us for.    Medications you have tried in the past for the condition you are being referred to us for.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses you have now or have had previously.    Medical History: Please list any diseases or illnesses.   Medical History: Please list any diseases.   Medical History: Please list any diseases.   Medical History: Please list any diseases.   Medical History: Please						
mg 13 /mg  mg 14 /mg  mg 14 /mg  Medications you have tried in the past for the condition you are being referred to us for.  13  24  Medical History: Please list any diseases or illnesses you have now or have had previously.  16  27  38  49  510  Medication or Latex allergies:	5	/	mg 12	2		mg
Medications you have tried in the past for the condition you are being referred to us for.  1						
Medications you have tried in the past for the condition you are being referred to us for.  1	7	/	mg 14	1	/	_mg
7	•	•	•	·	•	
8						
9						
Medication or Latex allergies:						
Medication or Latex allergies:						
Have you ever smoked cigarettes, or tobacco in other forms? Yes No  f yes, when you were smoking your heaviest, how many packs per day did you smoke, on average: What year did you start smoking? If you subsequently quit, what year did you quit?  Do you drink alcohol? Yes No If yes, please circle: Beer Wine Liquor On average, how many drinks per week? What other physicians care for you, now and in the past?						
f yes, when you were smoking your heaviest, how many packs per day did you smoke, on average: What year did you start smoking? If you subsequently quit, what year did you quit?  Do you drink alcohol? Yes No If yes, please circle: Beer Wine Liquor On average, how many drinks per week? What other physicians care for you, now and in the past?	-					
On average, how many drinks per week? What other physicians care for you, now and in the past?	f yes, when you were smokir	ng your heaviest, h	ow many pa	cks per day did you s		
What other physicians care for you, now and in the past?	Do you drink alcohol? Yes	No If yes, pleas	e circle: B	eer Wine Liquor		
		-				
1 <u>.</u>	What other physicians care f	or you, now and in	the past?			
	1		3 <u>.</u>			-



## **Authorization to Release/Obtain Medical Records**

Patient Name:	DOB:
Previous Name (if applicable):	SSN:
* This authorization expires ONE year from the date of	f signature*
Method of disclosure:	
Example 1 in a second s	my medical records to:
Name:	
Fax #:	
Example 1 authorize Articularis Healthcare to <b>obtain</b>	my medical records from:
Name:	
Fax #:	
Health Information to disclose:	
Example 4 Healthcare information relating to the follow	ving:
Treatment, Condition, or Dates:	
I understand I have the right to refuse to sign this for time (except to the extent that the information has a disclosed, the federal HIPAA Privacy Rule may no automatically expire one (1) year from the date of the state of th	already been released). When my information is longer protect it. This authorization will
Patient Signature: Date:	
Witness Signature: Date:	



## **Medical Information Release Form (HIPAA Release Form)**

I understand that Premier Vitality IV and Wellness Center maintains my personal records, medical history, symptoms, examinations, and test results as a part of my healthcare. This information is not to be given to any other person without my permission. Therefore, this is a written consent to authorize release of my medical information.

#### RELEASE OF INFORMATION

I authorize the release of information including the diagnosis, records, laboratory values, prescribed medications, treatment plan, examination rendered, and claims information. This information may be released to:

€ Spouse:		
Child(ren):		
€ Other:		
Check if okay to leave	detailed health information on voicemail	
€ Information is <b>NOT</b> to	be released to anyone	
Patient Signature:	Date:	
Witness Signature:	Date:	

## Infusion Frequently Asked Questions

#### What is infusion therapy, or IV infusion?

IV stands for intravenous, which means "within the vein." Infusion therapy is a medication that is given by placing a flexible catheter in your vein using a small gauge needle.

#### What conditions are treated with infusion therapy?

There are many diseases treated with infusion therapy, including but not limited to: rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's Disease, ulcerative colitis, Wegener's granulomatosis, microscopic polyanglitis, osteoporosis, systemic lupus erythematosus and more.

#### How long will it take to be scheduled?

It may take 3 weeks to 1 month to be scheduled for your first infusion. Most insurance companies require a predetermination or authorization before you can receive infusion, and unfortunately, it can take a couple of days to weeks before we receive the predetermination/authorization. Additionally, infusion medications may have a specific loading dose, or set of initial infusion appointments that are scheduled closer together, which can delay your first appointment if necessary times are not available.

#### What should I do before my appointment?

**Drink plenty of water.** Being well hydrated will help make it easier to start your IV. Avoid excessive amounts of coffee prior to your infusion because it can be dehydrating. Avoid foods and activities that cause dehydration prior to your infusion, such as heavy exercise, salty foods and donating blood. Make sure you **arrive on time** for your appointment. If you are more than 15 minutes late, we may have to reschedule your infusion.

#### What is a 'loading dose'?

A loading dose is an initial set of scheduled infusions before beginning a more routine treatment plan that is determined by your physician. The loading dose allows for a drug to reach a therapeutic level at a quicker rate, with consecutive infusion therapy as lower maintenance doses.

#### What if my insurance company does not provide coverage for my treatment?

If your insurance does not provide proper coverage or denies an authorization, your doctor will determine the next steps to take and what will work best for you.

#### Is infusion the same as chemotherapy?

No. There are drugs used to treat autoimmune diseases that are classified as "chemotherapy drugs," however, the dosage is much lower and less toxic than those used in cancer treatment.

#### How long does an infusion take?

Depending on the type of medication you are having infused, it can take as little as 30 minutes up to 5 hours.

#### Will I be able to use the restroom while being infused?

Yes, we have a bathroom conveniently located near the infusion suite should you need to use it at any time.

#### How often do I get infused?

The frequency of your infusion therapy will be determined by your physician.

#### Will it hurt?

Most patients say, "I didn't feel anything at all," while others claim it feels like a small pinch and is comparable to getting their routine lab work done.

#### How big is the needle?

The needle size is very small; this size needle is often used on children in the hospital.

#### Can I drive after receiving infusion?

Yes; patients can safely transport themselves to and from infusion.

#### Can I receive infusion if I am, or am planning on becoming pregnant?

If you are planning on becoming pregnant, it is best to discuss this with your physician before starting infusions to determine the best treatment plan. If there is a chance you could be pregnant, please notify your physician or nurse as soon as possible.

#### Are there any side effects to infusion therapy?

Any side effects would be an allergic reaction that would likely happen while you're being infused. An allergic reaction may appear as itchiness, difficulty breathing or heavy pressure on your chest. Our trained nurses will be checking on you throughout your infusion, so if you have an allergic reaction they will assist you.

Can I use Premier Vitality IV and Wellness Center's oxygen tank while receiving infusion? Our oxygen tank is for emergency purposes only. It is the patient's responsibility to bring enough oxygen for their commute to our facility, the length of appointment/infusion, and the commute from our facility.

#### Where will my infusion take place?

Premier Vitality IV and Wellness Center has an infusion suite at 10715 Charter Drive Ste. #270 Columbia, MD 21044. Infusion Therapy is managed by our team of physicians and the experienced nurses here at Premier Vitality IV and Wellness Center. The staff is specially trained regarding all aspects of intravenous (IV) infusion including emergency procedures.

You will sit in a comfortable recliner during the therapy. You are welcome to take a nap during the procedure, or you can pass the time with a book, magazine, smart phone, computer or tablet. We also provide free Wi-Fi. Dress in layers for your own comfort. We offer blankets and you are welcome to bring additional blankets or pillows.

#### Can I have a friend or family member sit with me?

We do not allow friends or family members to sit with patients receiving infusion as it is a violation of privacy for other patients.

#### Can I have my infant or child sit with me?

We do not allow infants or children in the infusion suite as it is unsafe for both patient and child in the case of a medical event. Additionally, individuals receiving infusion have weakened immune systems and are at greater risk of illness when exposed to germs.

#### Can I bring my service animal?

In accordance with the ADA, we do allow service animals in the infusion suite. The service animal should meet the following requirements: the animal must be free of fleas, ticks, and intestinal parasites, has been screened by a veterinarian within the past twelve (12) months prior to entering the facility, has received all required inoculations, is clean and well-groomed, and presents no apparent threat to the health and safety of patients, visitors, employees or others. All animals must be supervised by persons who know the animal and its behavior and can control the animal.

If you have any questions, feel free to call the infusion department at: (410) 442-6553. You can also stop by the Infusion Department prior to your appointment; we have plenty of educational pamphlets about your medication. You may also access information about your medication online at www.pvinfusions.com

## What to Expect

Your physician recommends you begin infusion therapy. What happens next?

- 1. Premier Vitality IV and Wellness Center will confirm that your insurance provides coverage for your treatment. Most insurance companies require a predetermination/authorization before you can receive infusion, and unfortunately, it can take a few days to a couple of weeks to receive the predetermination/authorization.
- **2.** Premier Vitality IV and Wellness Center's Infusion Department will call you to schedule your initial infusion appointment.
- **3.** Your first appointment
  - Make sure you **arrive on time** for your appointment. If you are more than 15 minutes late, we may have to reschedule your infusion.
  - Check-in at the Front Desk as you would for a regular appointment. Let the Front Desk Receptionist know you are receiving infusion. The receptionist will direct you to the Infusion Coordinators.
  - You may have a seat in the waiting room near the Infusion Department; a nurse will call you back shortly.
- **4.** The nurse will take your weight and ask you the following questions:
  - How have you been feeling lately?
    - If you are experiencing a cold or symptoms of a cold, please call and speak with an
      infusion nurse prior to your appointment to determine if you should receive infusion.
      Receiving infusion may decrease your body's ability to fight off the infection.
  - Have you, or will you be having surgery or invasive dental procedures?
    - Infusion may decrease your body's ability to heal and fight infection; it is important to tell the nurse if you have had, or are planning to have, surgery or invasive dental procedures.
  - You will make any payments prior to your treatment.
- **5.** You will sit in a comfortable recliner during the therapy. We provide free Wi-Fi; you are welcome to take a nap during the procedure, read a book/magazine, or use a smart phone, computer or tablet.