

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ \*E-Mail \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male Female Married Single

Employer \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Last Visit \_\_\_\_\_

How Did You Hear About Dr. Long? \_\_\_\_\_

**Allergies (Check All That Apply):**

\_\_\_\_\_ No Known Allergies \_\_\_\_\_ Adhesive Tape \_\_\_\_\_ Aspirin \_\_\_\_\_ Codeine  
\_\_\_\_\_ Cortisone \_\_\_\_\_ Local Anesthetic \_\_\_\_\_ Latex \_\_\_\_\_ Penicillin  
\_\_\_\_\_ Sulfa \_\_\_\_\_ Other \_\_\_\_\_

**Have You Ever Been Treated For:**

\_\_\_\_\_ Arthritis \_\_\_\_\_ Abnormal Bleeding From A Cut \_\_\_\_\_ Anemia  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Gout  
\_\_\_\_\_ Heart Problems \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Kidneys  
\_\_\_\_\_ Low Back Pain \_\_\_\_\_ Phlebitis \_\_\_\_\_ Stroke  
\_\_\_\_\_ Ulcers \_\_\_\_\_ Other \_\_\_\_\_

Smoking: No Previously Yes \_\_\_\_\_ packs/day Alcohol: No Occasionally Daily

Chief Foot Complaint \_\_\_\_\_

Present Medical Problems \_\_\_\_\_

Major Operations or Injuries \_\_\_\_\_

List All Present Medications \_\_\_\_\_

OVER PLEASE

\* E-mail addresses are used for contact information only and will not be shared with anyone

Primary Insurance \_\_\_\_\_ Name of Policyholder \_\_\_\_\_

Policyholder's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Policyholder's Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Name of Policyholder \_\_\_\_\_

Policyholder's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Policyholder's Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Prescription Insurance \_\_\_\_\_ Local Pharmacy \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

As part of our office policy, we require that your deductible (if not met), co-payment, and/or co-insurance be paid in full at the time of treatment. You are fully responsible for any amount not paid by insurance. Our office accepts cash, check, Visa, Mastercard, and Discover.

I hereby authorize Upstate Podiatry Group, PA to release to my insurance company or other medical professionals any medical information acquired in the course of my examination or treatment. I also authorize payment from my insurance company to Upstate Podiatry Group, PA for any surgical and/or medical benefits due for services rendered.

\*\*\*\*I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the notice.\*\*\*\* \_\_\_\_\_ (please initial) \*\*\*\*Located in the waiting room next to the receptionist window in the magazine rack\*\*\*\*

\_\_\_\_\_  
Patient/Responsible Party Date

**IF PATIENT IS UNDER 18 YEARS OLD OR A FULL TIME STUDENT,  
PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

# UPSTATE PODIATRY GROUP, PA

801 SE Main Street  
Simpsonville, SC 29681

**William S. Long D.P.M.**  
**Katherine M. Heugel D.P.M.**  
American Board of Podiatric Surgery  
American College of Foot and Ankle Surgeons

(864) 399-9070  
Fax (864) 399-9664

## HIPAA Consent to Leave Message and Discuss Medical Record

Patient Name: \_\_\_\_\_ Record Number: \_\_\_\_\_

I wish to be called at home \_\_\_ ; other \_\_\_ (check all that apply) regarding my care and follow-up, including appointments. The best telephone number(s) to reach me are:

Home: \_\_\_\_\_ Other: \_\_\_\_\_

I do \_\_\_ , Do not \_\_\_ (check one) give permission to leave relevant medical information on my answering machine or voicemail.

I do \_\_\_ , Do Not \_\_\_ (check one) want relevant medical information and/or billing information shared with the person who may call or answer the telephone. The name(s) of the individual(s) with whom you may discuss this pertinent information are:

\_\_\_\_\_  
\_\_\_\_\_

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

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## Narcotics Policy

Our office policy on the use and prescription of narcotics is as follows:

No new narcotic or refill narcotic prescriptions will be issued after 5:00 PM Monday through Thursday, after 12:00 PM on Friday, or on weekends – NO EXCEPTIONS. If you feel that you are going to run out of your prescription, please call us at least one business day prior to needing the refill so your physician may review the request before you run out. Prescriptions will not be filled if you have not been seen within 1 month. Narcotic prescriptions may not be called in to your pharmacy. A physical prescription is required.

### **Office Visits:**

- No narcotics will be prescribed for chronic pain. However, narcotics may be prescribed for acute injuries when they are less than one week old. The narcotic prescription will not exceed 5 days of treatment.
- If you are under the supervision of a pain management physician, we expect you to disclose this information to us on your first visit. Failure to do so would be fraud, and would violate your contract with your pain management physician. Further, if you have been receiving narcotics from your primary care physician or any other physician, we expect you to disclose this information.

### **Post-operative:**

- Narcotics will only be prescribed for a period of two to three weeks after a surgical procedure. Under extreme circumstances, a patient may receive narcotic medications for up to three months post-surgery. If the pain continues after this time, a pain management consult will be issued. There are occasional exceptions to this rule, but your physician may need to see you to reevaluate your condition prior to renewing your prescription.
- If you are on chronic narcotics from a pain management physician, you will need to receive your post-operative pain medicine from that physician, unless pre-arranged with us prior to your surgery.

As part of keeping our patients informed, we want to make you aware of the reasons we limit the use of narcotics.

1. Severe postoperative/post injury pain that would require narcotics will usually reduce significantly by 2-3 days after surgery or injury, and is usually gone by 10-14 days. Postoperative needs for narcotics longer than this period may signal complications that potentially require a more direct or specific treatment plan instead of covering up the problem. Often, a need for narcotics longer term indicates the patient may be overdoing things and compensating with narcotics. Although you may desire to be active, it is possible to be too active. It is important to listen to your body and respond to the cues it gives. A quicker recovery is more likely with reduced activities so that pain is controllable without narcotics. The goal is to make the best recovery from surgery or injury as possible.
2. After 3-7 days, your brain wants to, and is supposed to manage the pain naturally. This is the best way to manage medium and long-term soreness and mild pain. Narcotics are known to block these normal processes, inhibiting the body's own pain control.
3. Narcotics are proven to be habit forming. Dependency on pain medication can start in as little as 2 weeks after beginning use. We cannot tolerate allowing this to happen.

The South Carolina Podiatric Medical Association and the Drug Enforcement Administration track physicians and their prescribing of narcotics. Podiatric surgeons are not expected to prescribe narcotics for long-term use. We agree with this policy set forth by our state. Therefore, if you are receiving narcotics from your previous physician or primary care physician, you will need to continue to see them for prescriptions.

We do not deny that you may often have pain. However, it is necessary to be aware of your body's own ability to tolerate pain and the need to rely on this process in a timely manner. We have created this policy to assist in assuring that our patients receive the best possible care and appreciate your assistance in enforcing it.

If you have any questions regarding our office policy on the use of narcotics, feel free to contact us so we can discuss it further. If you feel you need assistance with long-term (chronic) pain control, we will be happy to guide you to a pain management specialist.

I have read, understand, and agree to the above policy:

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Print

Sign

Date

# Office Policies and Procedures

- ❖ **Payment is due when services are rendered** . Payment due is based upon primary insurance benefits. We will file secondary insurance as a courtesy. **Our office will not file to a third insurance company.**
  
- ❖ Trimming of corns and calluses is considered a routine procedure by **MOST** insurance companies (with the exception of Medicare). **You will be required to pay for this service as an out of pocket expense.**
  
- ❖ Kindly give **24 hour notice** if you need to cancel an appointment. Appointments not cancelled within 24 hours and / or appointments broken without notification **will be charged a \$35 fee. Broken surgical appointments will be charged a \$50 fee.**
  
- ❖ **Prescriptions called in or picked up will have a charge of \$10.00 per prescription.** Please ask for any prescriptions you may need during your office visit to avoid this charge.
  
- ❖ **X-rays taken in our office are digital images.** You may obtain a CD of the x-ray images for a charge of \$5.00 or we can email digital images to another physician. Please call our office and allow 2 business days for digital images.
  
- ❖ **No cell phones are allowed in the treatment rooms.** Please turn off your cell phone when you are called back to the treatment area.

**I have read and agree to adhere to these policies and procedures.**

**Sign**\_\_\_\_\_ **Date**\_\_\_\_\_