Belleview
SPINE AND WELLNESS

PRP – Platelet Rich Plasma Injection Therapy
Patient Intake

Patient Name: _____ DOB: ____/____/_____

Address: _____

_____

City State Zip

Tel. ( ) _____-_____ Alt. ( ) _____-_____

Email:_____Employer/Occupation_____

Emergency Contact: _____Relation:_____

Tel. ( ) _____-_____

ALLERGIES: _____

YES NO • **Cancer or Metastatic disease**

YES NO • **An active local infection**

YES NO • **Pregnant or are breastfeeding**

YES NO • **A low platelet count (thrombocytopenia)**

YES NO • **Anemia or low HGB count**

YES NO • **Platelet dysfunction syndrome**

YES NO • **Antiplatelet therapy**

YES NO • **Active Smoking Habit**

YES NO • **Alcohol Overuse**

YES NO • **Allergic to cows**

YES NO • **Septicemia or blood infection**

YES NO • **Local toxicity to Bupivacaine HCL or Lidocaine**

YES NO • **Corticosteroid injection and NSAIDS**

YES NO • **Recent fever or illness**

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Please explain any “yes” answers: _____

_____

Past Surgeries: _____

_____

Medications: _____

_____

Social: tobacco use _____ alcohol use _____

Other Medical History (Hyperthyroid, Hypertension): _____

Pain is located: _____

Severity: Mild ___ Moderate ___ Severe _____ Pain Level: _____

Duration: <3 months _____ > 3 months _____ mos/ yrs _____

Timing: Morning _____ Evening _____ Continuous ____ Other _____

Associated Symptoms: Popping _____ Clicking _____

Instability _____ Swelling _____

Limitations:

Interrupts sleep >3 hours night _____Difficulty getting out of bed _____

Difficulty carrying groceries _____ Unable to manage 10 stairs consecutively _____

Unable to stand for 60 minutes without pain _____

Unable to walk 2 blocks uninterrupted _____

Previously tried the following intervention for pain relief for a period of _____ months without full relief:
Tylenol _____ NSAIDs_____ Steroids _____ HLA ____

Prescription pain reliever _____

Physical therapy _____

Other _____

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I hereby certify that the information I have provided above is complete to the best of my knowledge.

Patient Name (print): _____ Date:_____

Patient Signature: _____

Physician Name (print): _____

Physician Signature: _____

Informed Consent

Procedure: Aspiration autologous blood, platelet rich plasma preparation and injection

Injection site (staff use) :

_____

Platelet Rich Plasma, also known as "PRP" is an injection treatment whereby a person's own blood is used. Blood (30cc) is drawn up from the individual patient into a syringe. This is a relatively small amount compared to blood donation which can remove 500cc. The blood is spun in a special centrifuge to separate its components (Red Blood Cells, Platelet Rich Plasma, Platelet Poor Plasma and Buffy Coat). The Platelet Rich Plasma and Buffy Coat is first separated and combined then activated with a small amount of calcium chloride which acts as an activation agent and scaffold to keep the PRP where the injector intends to treat. Platelets are very small cells in your blood that are involved in the clotting and healing process. When PRP is injected into the damaged area it causes a mild inflammation that triggers the healing cascade. As the platelets organize in the treatment area they release a number of enzymes to promote healing and tissue responses including attracting stem cells and growth factors to repair the damaged area.

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PRP'S SAFETY has been established for over 20 years for its wound healing properties and it's proven effectiveness has extended across multiple medical specialties including cardiovascular surgery, orthopedics, sports medicine, podiatry, ENT, neurosurgery, dental and maxillofacial surgery (dental implants and sinus elevations), urology, dermatology (chronic wound healing), and ophthalmology, cosmetic surgery.

RISKS & COMPLICATIONS: Potential complications and adverse effects include but not necessarily limited to: Bruising, bleeding and tenderness at blood draw site, bruising, bleeding and pain at site of injection, swelling, stiff joint/ligament/tendon or muscles, reaction to medication, risks of anesthesia, infection and nerve injury.

RESULTS: Results are generally noticeable at 2-3 weeks and continue to improve gradually over ensuing months (3-6).

PHOTOGRAPHS: I authorize the taking of clinical photographs and their use for scientific and educational publications and presentations. I understand my identity will be protected.

Disclaimer: I understand that PRP is considered investigational or experimental by most if not all insurance companies including Medicare and that Belleview Spine and Wellness will not bill my insurance for this procedure. I have undergone a thorough evaluation and understand the risks, limitations and potential benefits of the procedure listed above. My physician has answered all of my questions. I have verified that I have complied with pre treatment instructions and that I am able to comply with post-procedure instructions, post procedure visits and further treatment or therapy as recommended and ordered by my treating physician. I acknowledge that more than one injection may be needed for optimal results. Furthermore I understand that while good results are expected improvement cannot be guaranteed and my condition may not improve or, in fact, may worsen.

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Not all patients respond to PRP injections and that reduction in pain or improvement in function may not be achieved even if I follow all my physician's treatment recommendations.

I understand that PRP is considered investigation by many.

Alternatives include: Do nothing, medical management, surgical intervention, other injection techniques, further therapy.

I hereby give my voluntary consent to this PRP procedure and release the clinic, its medical staff, and specific technicians from liability associated with the procedure. I certify that I am a competent adult of at least 18 years of age and am not under the influence of alcohol or drugs. This consent form shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns. I agree that if I should have any questions or concerns regarding my treatment I results I will notify this office at (303)771-3102 and/or the provider immediately so that timely follow-up and intervention can be provided.

Patient Name (print): _____
Patient Signature: _____

Date:_____

Witness Name (print): _____
Witness Signature: _____

Date:_____

Physician Signature (print):_____
Physician Signature: _____
Date: _____

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PRE-TREATMENT INSTRUCTIONS FOR Platelet Rich Plasma (PRP)

A few simple guidelines before your treatment can make a difference

If you develop a fever, cold /flu, or rash, etc. in the area to be treated prior to your appointment, you must reschedule (we will not treat you).

Discontinue use of anti-inflammatory drugs (steroidal and non-steroidal) such as: Aspirin, Motrin (or any other Ibuprofen drugs) at least 1 week before your treatment. With PRP, we "want" inflammation this is one of the mechanisms of how PRP does its work.

If you are or have been on Systemic use of Corticosteroids (steroids) within 2 weeks of treatment, we cannot treat you. Consult your physician for approval to discontinue use of steroids and receive treatment.

Discontinue use of any other blood thinning agents such as: Vitamin E, Vitamin A, Gingko Biloba, Garlic, Flax Oil, Cod Liver Oil, Essential Fatty Acids (EFA's and DHA's) etc. at least 3 days to 1 week before and after treatment to minimize bruising and bleeding.

If you are on anti-coagulants such as Coumadin, Plavix, Effient, Pradaxa, Trental, Persatine, Ticlid must be held for 7-10 prior to procedure. Lovenox and Heparin must be held for 24 prior to procedure. Please obtain a release from you prescribing physician to hold these medications and specific instructions.

It is recommended that you avoid: Alcohol, caffeine, Niacin supplement, spicy foods, and cigarettes 3 days before and after your treatment. (All of these may increase risk of bruising)

Patient Name (print): _____
Patient Signature: _____

Date:_____

Witness Name (print): _____
Witness Signature: _____

Date:_____

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POST-TREATMENT INSTRUCTIONS FOR Platelet Rich Plasma (PRP)

Please carefully read and follow these Instructions after your PRP.

1. Expect to have some pain for up to 2 weeks after you procedure, this is normal. Some swelling, tenderness and bruising at the treatment site is also normal.

2. **AVOID** Aspirin, Motrin, Ibuprofen, Aleve (all non-steroidal and steroidal ant i -inflammatory agents), Gingko Biloba, Garlic, Flax Oil, Cod liver Oil, Vitamin A, Vitamin E, or any other essential fatty acids at least 4-6 weeks after your treatment.

A regular Aspirin regime is fine (81mg/day)

If you experience discomfort or pain you may take Tylenol or other Acetaminophen products

Resume held anticoagulants as instructed by your PCP

3. Avoid applying ice for 2 weeks, this may slow the repair process

4. Do not apply heat or soaking in a tub for 48 after your procedure. You may shower immediately.

5. **AVOID** vigorous exercise for at least 1 week after your treatment

6. **AVOID** Alcohol, caffeine, and cigarettes for at least 3 days before and after your treatment

7. Rest the treated area for 48 hours then resume normal activity. There may be further restrictions

8. Follow up in 6-8 weeks

Please call our office should you have any questions or concerns regarding your PRP treatment or aftercare (303)771-3102. I certify that I have been counseled in post treatment instructions and have been given a written copy of these Instructions.

Patient Name (print): _____
Patient Signature: _____

Date:_____

Witness Name (print): _____
Witness Signature: _____