

Southern Crescent Neurosurgery & Spine

Suite 118
33 SW Upper Riverdale Road
Riverdale GA 30271
(770) 996-3190

Sandea Greene-Harris, MD

Board Certified

I, _____, understand that I am entering into a contractual relationship with Southern Crescent Neurosurgery and Spine, the office of Dr. Sandea Greene-Harris, for professional care. I further understand that meritless and frivolous claims for medical practice have an adverse affect upon the cost and availability of medical care and may result in irreparable harm to the medical provider. As additional consideration for professional care provided to me by medical practice/physician, I or my representative agree not to advance, directly or indirectly, any false, meritless, and / or frivolous claims of medical malpractice against Southern Crescent Neurosurgery and Spine (Dr. Greene-Harris).

Furthermore, should a meritorious medical malpractice case or cause of action be initiated or pursued, I or my representative agree to use ABDMS board-certified expert medical witness in the same or similar specialty as Dr. Greene-Harris. Furthermore, I agree that these expert witnesses will adhere to the guidelines and/or code of conduct defined by specialty societies for expert witnesses in the area(s) of medicine that would typically have the background and experience to opine on such a case. In further consideration for this, Dr. Greene-Harris agrees to the same stipulations.

Dr. Sandea Greene-Harris

Patient

So that we can better serve you, please note the following:

- No cell phones, pagers or small children (under 12 years of age) are allowed in the exam room. **NO EXCEPTIONS**
- Prescriptions will be refilled during office hours ONLY. No prescriptions will be phoned in after the office has closed. **NO EXCEPTIONS**
- If you do not show up for the appointment and have not notified our office at least 24-hours in advance, you have to discuss the case with our office manager to be considered for another appointment.
- Our policy on prescribing narcotics and pain killers is **VERY RESTRICTIVE**
- We do not complete disability forms (except for a short period for those pending surgery).
- Disability forms will be completed accurately and honestly, regardless of the length of time that a patient has been on disability.

If there are any questions regarding these policies, please speak with us right away.

I have read and completely understand these policies: _____
Patient Signature

Southern Crescent Neurosurgery & Spine

Suite 118
33 SW Upper Riverdale Road
Riverdale GA 30271
(770) 996-3190
info@SCNSAtlanta.com

Riverdale
(Campus of Southern Regional Medical Center
33 SW Riverdale Road., #118
Riverdale GA 30271

Dear valued patient and your families,

Welcome to Southern Crescent Neurosurgery and Spine where we strive to provide the highest level of quality medical and surgical care. Please get familiar with our practice by reading the following information on our staff. We welcome the opportunity to serve you, so please feel free to ask questions regarding your healthcare needs.

Dr. Greene-Harris is originally from Huntsville, Alabama and received her undergraduate degree from Tulane University and her medical degree from Tulane University Medical School. She then completed an internship in neurology, critical care and surgery along with a neurosurgical residency at Tulane University Hospital. During her residency, Dr. Greene-Harris completed a spine fellowship at Barrow Neurological Institute in Phoenix, Arizona. She practices general neurosurgery, including all aspects of care of the brain, spine and peripheral nerve. She and her husband, Willie, are the proud parents of two children, son William and daughter, Naomi. They attend Our Lady of Lourdes Catholic Church and Antioch North Baptist Church in Atlanta.

1. Please state the main reason you are here today? What is the main complaint?

2. How long have you had these symptoms?

3. Are these symptoms getting worse lately? Are they progressively getting worse?

4. Please list your medical problems:

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

5. Please list any surgeries you have had:

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

6. Please list your current medications.

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

7. Do you Smoke? Y / N If so how much? _____ If you quit smoking when was that?

8. Do you presently use or have you ever used illicit drugs such as cocaine? _____

9. Do you drink Alcohol? Y / N If so how much?

10. Please List Your Allergies:

11. Please circle any of the following symptoms you have now:

- | | | | |
|-----------------|-----------------------|-------------------|-----------------------|
| - Palpitations | - Cough | - Syncope | - Joint stiffness |
| - Lightheadness | - Weight loss | - Weight gain | - Feeling hot or cold |
| - Poor appetite | - Joint swelling | - Feet swelling | - Hearing problems |
| - Muscle cramps | - Diarrhea | - Vision problems | - Urinary symptoms |
| - Constipation | - Back pain | - Headaches | |
| - Neck pain | - Shortness of breath | - Dizziness | |
| - Chest pain | | - Anxiety | |

Any other Symptoms? : _____

12. Please List any treatments you have had?

1. Physical Therapy:	What For? _____	Dates: _____	How long? _____
2. Chiropractor:	What For? _____	Dates: _____	How long? _____
3. Pain Management:	What For? _____	Dates: _____	How long? _____
4. Injections:	What For? _____	Dates: _____	How long? _____
5. Traction:	What For? _____	Dates: _____	How long? _____
6. Other: _____	What For? _____	Dates: _____	How long? _____

13. Has this affected your sex life? No / Yes If yes: Mildly Moderately Severely

Please describe: _____

13. Any additional comments:

Please Do Not Write Below This Area

Patient Name: _____

If you have neck or arm pain answer the following questions:

❖ Circle all that apply

- How long do you experience neck pain? : _____
- I have neck pain more than I do arm pain.
- I have arm pain more than I do neck pain.
 - How long have you had the arm pain? : _____
- I have pain in the left arm.
- I have pain in the right arm.
- I have more pain in the left arm than I do the right arm.
- I have more pain in the right arm than I do in the left arm.
- What makes your neck pain worse? _____
- What eases your neck pain? : _____
- What makes your arm pain worse? : _____
- What eases your arm pain? : _____
- Circle the test that you have had already

- MRI - Cat Scan - Myelogram - Plain X-rays

❖ Circle all that apply

- I have weakness in my arms.
 - Left / Right / BOTH
- My handwriting is getting worse lately
- My balance is getting worse lately
- I have difficulty with buttoning my shirts
- I have been dropping objects lately
- I have numbness in my: arms / hands / BOTH

Patient Name: _____

If you have back or leg pain answer the following questions:

❖ Circle all that apply

How long do you experience back pain:

I have back pain more than I do leg pain.

I have leg pain more than I do back pain.

▪ How long have you had leg pain? :

I have pain in the left leg

I have pain in the right leg

I have more pain in the left leg than I do in the right leg.

I have more pain in the right leg than I do in the left leg.

What makes your back pain worse?

- Laying down - Sitting - Standing up - Walking

What eases your back pain?

- Laying down - Sitting - Standing up - Walking

What makes your leg pain worse?

- Laying down - Sitting - Standing up - Walking

Circle the tests you have had already:

- MRI - Cat Scan - Myelogram - Plain X-rays

❖ Circle all that apply

- I have weakness in my leg: Left / Right / Both
- How many blocks can you walk (How long can you walk) :

- My balance is getting worse lately.
- I have been falling lately.
- I have numbness in my legs.

❖ Please write down what kind of sexual problems you are experiencing:

❖ Please indicate from zero to ten, how bad your sexual life has been affected by the pain that you have been experiencing:

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Not affected = 0.....10 severely affected

❖ Please indicate from zero to ten, how much back pain you are experiencing:

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Not affected = 0.....10 severely affected

❖ Please indicate from zero to ten, how much leg pain you are experiencing:

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Not affected = 0.....10 severely affected

❖ Please indicate from zero to ten, how much neck pain you are experiencing:

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Not affected = 0.....10 severely affected

❖ Please indicate from zero to ten, how much arm pain you are experiencing:

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Not affected = 0.....10 severely affected