



## PATIENT INFORMATION

NAME: _____	DATE OF BIRTH: ___/___/___
NAME YOU PREFERRED TO BE CALLED: _____	SOCIAL SECURITY #: _____
E-MAIL ADDRESS: _____	
MAILING ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
HOME PHONE: _____	CELL PHONE: _____
INSURANCE CO: _____	POLICY#: _____
EMPLOYER: _____	WORK PHONE: _____
E-MAIL: _____	
PRIMARY CARE PHYSICIAN: _____	
HOW DID YOU HEAR ABOUT OUR CLINIC? _____	
WHERE IS YOUR PAIN? _____	
HOW LONG HAS YOUR PAIN BEEN PRESENT? _____	
WHAT IS YOUR AVERAGE PAIN SCORE (1-10) _____	

WHAT MEDICAL EVALUATIONS/TESTS HAVE YOU HAD FOR YOUR PAIN?

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

WHAT TREATMENTS/THERAPIES HAVE YOU TRIED FOR YOUR PAIN?

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

HAVE YOU HAD ANY SURGERIES FOR THIS PAIN?

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

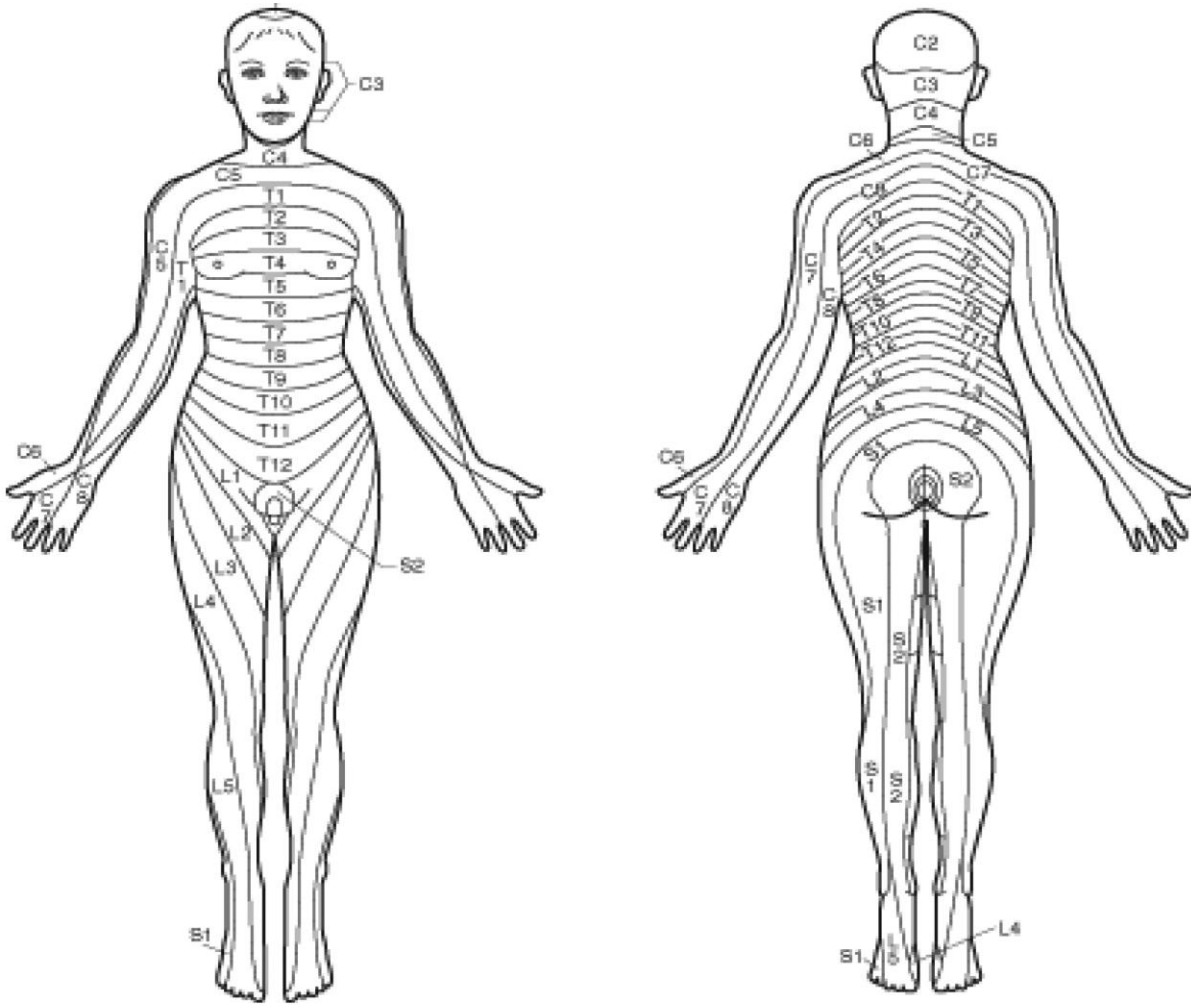
LIST ALL MEDICATIONS AND DOSAGES YOU CURRENTLY USE FOR PAIN:

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

DO YOU HAVE A HEART PACEMAKER OR DEFIBRILLATOR?  YES  NO

# PATIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_



Please highlight in YELLOW the area(s) of the body where you experience pain.  
Please place a black X over the area of most severe pain.



## TREATMENTS

1. Calmare® 10 Treatment Cycle - Our standard regimen is 5 treatments a week for two consecutive weeks for a total of 10 treatments. Studies have revealed that this treatment regimen provides the patient with the longest duration of pain relief. The cost of this treatment cycle is \$4,000. Cash discounts are available.
2. Intermittent "Booster" Treatments - After your initial 10 treatment session some patients may require a shorter course of 2-3 "booster" treatments on an intermittent basis to continue to experience pain relief. The cost of each booster treatment is \$400. Cash discounts are available.
3. Please contact us at 847.520. 7111 or e-mail us at [info@sperotherapyillinois.com](mailto:info@sperotherapyillinois.com) to schedule a Calmare® 10 Treatment Cycle or Intermittent Booster Treatments.
4. We will bill your insurance carrier. Co-pay and balances due may be paid by credit card, check or cash.

### Treatment Instructions

1. Each treatment sessions lasts approximately 45 minutes.
2. Wear comfortable, loose-fitting clothing that allows easy access to the area of pain that needs to be treated. Gowns are available if needed but most patients feel more comfortable wearing their own clothing.
3. Avoid applying lotions, creams, powders or ointments.
4. Continue your medications that you currently use for pain. If you take Lyrica (Pregabalin) or Neurontin (Gabapentin) we may reduce your dosage as the treatment cycle continues.
5. Bring a book, magazine or music player to help you pass the time.