

Fax cover sheet. Fax to: 973-972-2825 From an Incoming Coccyx Patient

Page 1 of _____

To: **Patrick M. Foye, M.D., (and staff)**
Director, Coccyx Pain Center (Tailbone Pain Center)
Professor of Physical Medicine & Rehabilitation,
Rutgers New Jersey Medical School, 90 Bergen Street, DOC-3100, Newark NJ 07103
Phone: 973-972-2802. Fax: 973-972-2825
www.TailboneDoctor.com (FYI: Provide your email at this website to receive more info.)

From (Patient name, please **PRINT**): _____

Patient's Fax #: _____

Patient's Phone #: _____

Today's Date: _____

You MUST **Fax** this **COMPLETED** paperwork to our office **BEFORE** an appointment will be made.

AFTER completing and Faxing in this form, (and a copy of your insurance card, front and back) **THEN** Dr. Foye's staff will check your insurance benefits for you and **they will call you** to make an appointment. The sooner you send this, the sooner your appointment.
If you have not heard from us within 4 business days, please call 973-972-2802 to check status.

Patients: PLEASE BRING the following items to your initial appointment:

- **Insurance card(s).**
- **HMO Referral:** If you have an HMO, bring a Referral.
- **Co-pays** (payments due at time of visit).
- **Identification** (your driver's license or passport)
- **Actual images** (films or computer CD) from relevant X-rays, MRI, CT scans, etc.
- **A copy of ALL forms that you have faxed in advance:**
(Bring these in case the Fax we receive is not fully legible or is misplaced).
 - **"Questionnaire for Coccyx Patients"**, fully completed in advance.
 - **Pain Diagram.**
 - **Registration form** (providing your name, address, insurance information, etc)
 - **Copies of official radiology reports** from relevant X-rays, MRI, CT scans, etc.
 - **Copy of your Insurance Card** (Copy of both the **Front and Back** of the card)

"CONFIDENTIAL" FAX COVER SHEET (If Health information is attached.)

"Confidential Protected Health Information Enclosed": Protected Health Care Information is personal and sensitive information related to a person's health care. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law. This fax may contain privileged and confidential information. It is intended only for the use of the individual(s) or entity(ies) named above. If the reader of this message is not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email or fax and destroy all copies of the original message.

UNIVERSITY REHABILITATION ASSOCIATS (Patient Registration Form)

Please verify the completed information for accuracy and provide all information. If an item does not apply, write N/A

1. Name _____ Preferred name (if different) _____ 2. Date of Birth _____
3. Gender Identity: Male/Man Female/Woman Genderqueer/Gender nonconforming Other / Something else
 Transgender male / TransMan Transgender Female / TransWoman Questioning Choose note to disclose
4. Home Phone _____ 5. Cell Phone _____
6. Social Security # _____
7. Address _____ City _____ State _____ Zip _____
8. Parent/Guardian _____ Address (if different) _____
9. To assist with your care, medical/appointment information can be left at your phone #s unless you mark this box: No
10. In case you are in a life threatening situation would you like to be kept on life support? Yes No Undecided
11. Race _____ 12. Marital Status Single Married Legally Separated Divorced Widowed
13. Are you an organ donor? Yes No 14. Religion _____ Church _____
15. Your maiden name _____ 16. Mother's maiden name _____

PATIENT'S EMPLOYMENT

17. Patient's Employer _____
18. Work Status: Full time Part time Retired Unemployed 19. Employment Date _____
20. Department _____ 21. Occupation _____ 22. Phone _____
23. Address _____ City _____ State _____ Zip _____

NEAREST RELATIVE

24. Name _____ 25. Relationship to the patient _____
26. Home Phone _____ Work phone _____ Cell Phone _____
27. Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT (person not living with you)

28. Name _____ 29. Relationship to the patient _____
30. Home Phone _____ Work phone _____ Cell Phone _____
31. Address _____ City _____ State _____ Zip _____

Accidents

33. Is this a result of an AUTO accident? Yes No (If yes, where in the vehicle were you? Driver Passenger Other)
34. Is this a result of a WORK related injury? Yes No
35. Date of accident _____ 36. Has claim been established? Yes No
37. Attorney name _____ 38. Attorney phone _____

Insurance Information

39. Company _____ 40. Phone _____
41. Address _____ City _____ State _____ Zip _____
42. Policy # _____ 43. Group # _____ 44. Adjuster _____
45. Relation to insured: Self Spouse Child Other: _____
46. Insured _____ 47. Insured's SSN _____ 48. Insured's DOB _____

Other Insurance

49. Company _____ 50. Phone _____
51. Address _____ City _____ State _____ Zip _____
52. Policy # _____ 53. Group # _____ 54. Adjuster _____
55. Relation to insured: Self Spouse Child Other: _____
56. Insured _____ 57. Insured's SSN _____ 58. Insured's DOB _____

59. Referred by _____

If you have an HMO

- It is the **patient's responsibility** to know whether a referral is needed to see our physician(s) and to bring it at the time of the visit.
- If no referral is brought in, a referral can not be obtained after the visit and bill for the visit can not be submitted later to the insurance company as per New Jersey State and federal guidelines.
- Although we will try to assist you in any way reasonable possible, it is also the patient's responsibility to know what is covered by his/her contract.
- **Co-pays are due at the time of the visit.**
- If patient does not supply referral and chooses to go out of network, they can not submit bill to insurance company.
- If you choose to self pay for office visit, please sign and date

Outstanding deductible payments are expected at time of service unless special arrangements are made

I certify that outpatient services were rendered to me at the place of service indicated on this date. I hereby authorize release of information needed to collect from my insurance carrier and authorize payment directly to University Rehabilitation Associates of any insurance benefits otherwise payable to me for this visit. I also understand that I am financially responsible for all charges whether or not covered by insurance. By typing your name and date below, you are signing this form electronically, and indicating that you understand and agree with information stated above. You are also indicating that all the information is accurate to best of your knowledge.

Please Sign or Type your name below

Patient Name/Sign _____

Date _____

ASSIGNMENT OF BENEFITS FORM

Patient Name (print) _____

I irrevocably assign to "University Rehabilitation Associates" (part of "University Physician Associates") all of my rights and benefits under any insurance contracts for payment for services rendered to me by University Rehabilitation Associates.

I irrevocably authorize all information regarding my benefits under any insurance policy (relating to any claims by University Rehabilitation Associates) to be released to University Rehabilitation Associates.

I irrevocably authorize University Rehabilitation Associates to file insurance claims on my behalf for services rendered to me.

I irrevocably direct that all such payments go directly to University Rehabilitation Associates.

I irrevocably agree to cooperate with the insurer, including, but not limited to, attending requested physical examination(s) and completing all necessary paperwork.

I irrevocably authorize University Rehabilitation Associates to act on my behalf and report any suspected violations of improper claims practices to the proper regulatory authorities.

In the event that my insurance company does not reimburse University Rehabilitation Associates, I understand that I will be held personally responsible for payment of all charges for services rendered, including co-insurance and deductible fees according to the terms of my policy.

This assignment of benefits has been explained to my full satisfaction and I understand its nature and effect.

By typing your name and date below, you are signing this form electronically, and indicating that you understand and agree with information stated above.

Patient Name/Sign _____

Date _____

This Page is a Reminder to
Make a Copy of Your **INSURANCE CARD**,
Both Front and Back.

Send a Copy of Your **INSURANCE CARD** send it in with your other papers.

Front of Insurance Card:

Back of Insurance Card:

(**Reminder #2:** If you have not already done so, please enter your email address into the Yellow Box on the "Home Page" of the website: www.TailboneDoctor.com. That will send you an automatic email that has additional information about coming for your evaluation by Dr. Foye.)

Name [Nombre y Apellido]: _____

Date [Fecha]: _____

Pain Drawing [Diagrama del dolor]

Only for the pain in the body region that you are being seen for today:

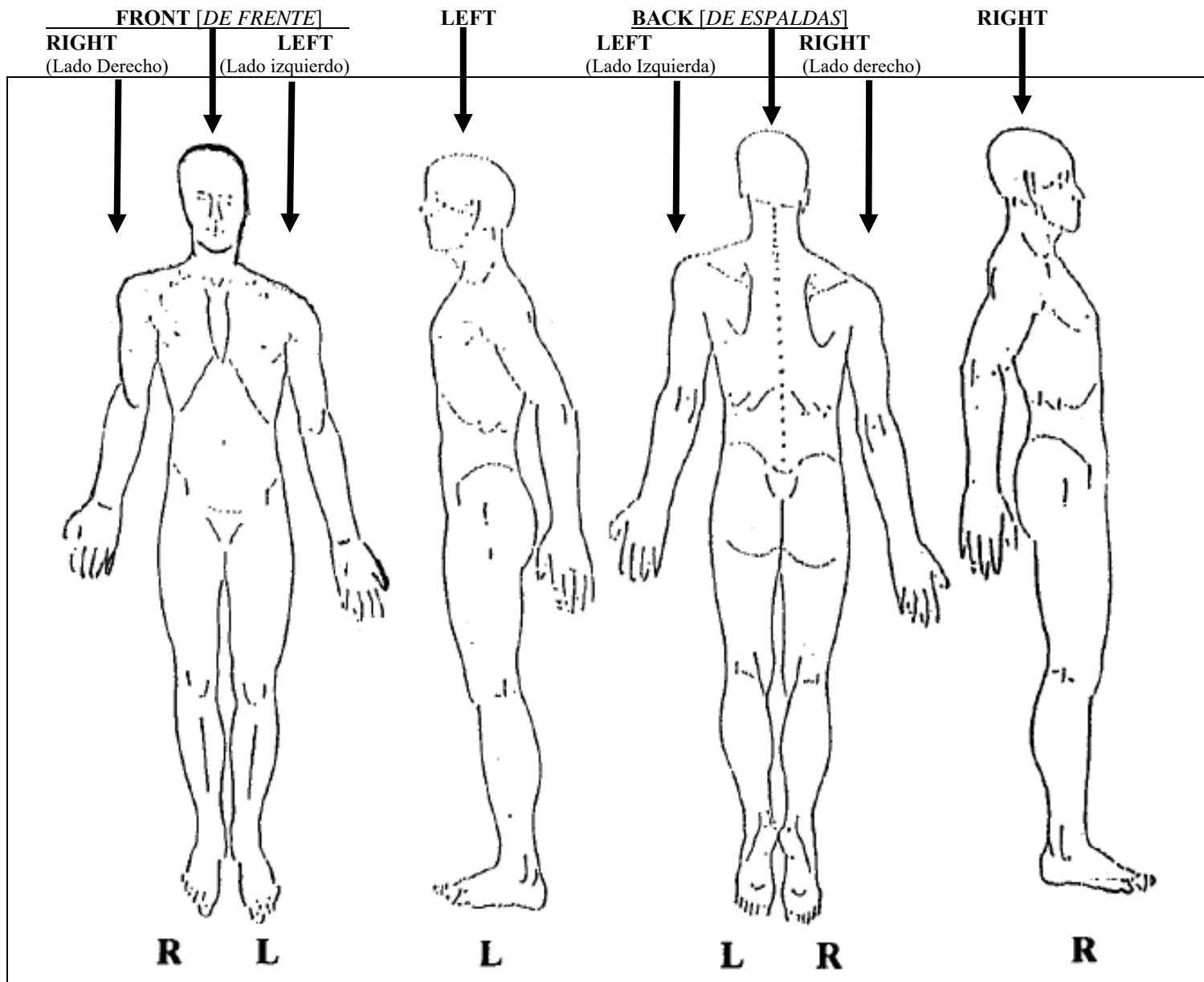
[Sólo para la region del cuerpo mas dolorosa hoy]

Choose the symbol(s) shown below that best describe the pain you are having (e.g. Δ Δ Δ means it is an aching [dull] type of pain).
[Seleccione los símbolos que se muestran a continuación que mejor describen el dolor que está sufriendo. (Ejemplo: Δ Δ Δ significa que es dolencia).]

Aching [Dolencia] Δ Δ Δ	Numbness [Entumecimiento] ===	Pins & Needles [Pinchazos] 000	Burning [Ardor] XXX	Stabbing or Sharp [Punzadas] ///	Other [Otro] ...
--------------------------------------	--	---	----------------------------------	---	-------------------------------

Draw onto the diagram below, using the symbol(s) you have chosen above, to show where your pain is located.

[Dibuje en el diagrama de abajo, usando los símbolos que ha elegido anteriormente, para mostrar donde se encuentra su dolor.]



QUESTIONS for Patients to Complete In Advance and Bring to Dr. Foye

(Questionnaire for Patients with COCCYX PAIN)

This helps us to take care of you (Unanswered questions decreases our ability to help you)

Last Name: _____ First Name: _____

Date form completed: _____

Chief Complaint:

Is coccyx (tailbone) pain a primary area of concern? Yes | No (If no, please explain)

Onset Date: _____

Referred by: Self / Internet Clinician: _____ Fax: _____

Patient's Home city/state: _____

How are you coming to see Dr. Foye? Flying | Driving Driving distance/time to this office _____

Email address – where patient wants personal medical emails from Dr. Foye (print clearly):

What is your best phone number? _____

Age: _____

Gender: Male | Female | Other

Occupation (specify job title): _____

Please write a narrative paragraph (summarizing how the symptoms started and treatment so far)

Tailbone – related questions

Identifiable traumatic incident

Any recent coccyx trauma: _____

Any remote (long ago) coccyx trauma: _____

Exacerbating Factors (what makes the pain worse?)

Is your pain worse **while sitting**? Yes | No | Unsure

Is pain with sitting worse when you **lean partway backwards**? Yes | No | Unsure

Does the pain initially feel **worse** when first going **from sitting to standing**? Yes | No | Unsure

What **sitting surface** is worse for you? Hard | Soft | Both | Unsure

Any other things that make the coccyx pain worse? Explain: _____

Cushions

Have you tried “**donut**” cushion? (i.e. with the hole in the middle?) Yes | No | Unsure

Was it helpful? Yes | No | Unsure

Have you tried “**wedge**” cushions? (i.e. with cut out of the back?) Yes | No | Unsure

Was it helpful? Yes | No | Unsure

If you tried **both types**, which cushion **helped more**? Wedge | Donut | Same | Neither

Sitting Tolerance: How long can you sit before the pain makes you change position? _____ minutes

Severity of the coccyx pain: (0-10 scale, 0=no pain, 10=most painful): At best _____ At worst _____ Average _____

Specialist (who you have already seen – indicate if you have seen any of the following for this pain)

Primary Care Physician: _____

Pain Management Doctor: _____

Surgeon: _____

Physical Medicine and Rehab: _____

Chiropractor: _____

Physical Therapy: _____

Other: _____

Lower Limb neurologic symptoms

Do you have any pain that travels down into either leg?

Yes | No (If yes, how far down the leg?) _____

Do you have any numbness or weakness in either leg?

Yes | No (If yes, please specify) _____

Ischial bursitis

Do you get pain at the bottom of either cheek of the buttocks? (e.g. pain at the “sit bones – due to leaning to either side to avoid sitting with pressure in the midline/coccyx) Yes | No

Interventional Pain Management INJECTIONS (and response)

If done, try to **BRING** the **procedure note (paper report)** for Dr. Foye to review

Type of Injection	How many?	Dates	Was it helpful?
Coccyx injection with STEROID (blind = withOUT fluoroscopy)			<input type="radio"/> Yes <input type="radio"/> No
Coccyx injection with STEROID (with fluoroscopy)			<input type="radio"/> Yes <input type="radio"/> No
Ganglion Impar (sympathetic nerve block)			<input type="radio"/> Yes <input type="radio"/> No
Epidural steroid			<input type="radio"/> Yes <input type="radio"/> No
Piriformis muscle			<input type="radio"/> Yes <input type="radio"/> No
Pudendal nerve			<input type="radio"/> Yes <input type="radio"/> No
Sacroiliac joint			<input type="radio"/> Yes <input type="radio"/> No
Facet joint			<input type="radio"/> Yes <input type="radio"/> No
Other injections at low back or pelvis			<input type="radio"/> Yes <input type="radio"/> No

Imaging Studies

Please obtain and **BRING** the official, written **radiology reports** for any tests **related to the coccyx**.

Dr. Foye will want to see the **actual images** (on computer CD or actual films) **AND** see the **radiology reports**.

Call your radiology facility to get a copy of the actual images and the official/typed radiology report (**important**)

	Done?	Dates	If done, Can you bring the:	
			Radiologist report?	actual images (CD or film)?
LumboSacral Spine (X-ray)	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
LumboSacral Spine (CT scan)	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
LumboSacral Spine (MRI)	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Coccyx (X-ray) withOUT seated	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Coccyx (X-ray) seated/dynamic	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Pelvis (X-ray)	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Pelvis / Coccyx (CT scan)	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Pelvis / Coccyx (MRI)	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Bone Scan	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Medications

Current Pain Medications (list with doses & frequency)	Any other current medications (list withOUT dose or frequency)

Prior Pain medications that you have tried in the past

Non-Steroidal	Nerve pain	Opioid painkillers	Topical	Other pain meds	Any other medications tried
<input type="checkbox"/> Ibuprofen <input type="checkbox"/> Motrin <input type="checkbox"/> Advil <input type="checkbox"/> Naproxen <input type="checkbox"/> Naprosyn	<input type="checkbox"/> Neurontin <input type="checkbox"/> Gabapentin <input type="checkbox"/> Lyrica <input type="checkbox"/> Cymbalta	<input type="checkbox"/> Percocet / Roxicet <input type="checkbox"/> Oxycodone <input type="checkbox"/> OxyContin <input type="checkbox"/> Tylenol /w Codeine (T#3)	<input type="checkbox"/> Lidoderm <input type="checkbox"/> Lidocaine <input type="checkbox"/> Flector <input type="checkbox"/> Diclofenac <input type="checkbox"/> Voltaren gel	<input type="checkbox"/> Tylenol <input type="checkbox"/> Tramadol <input type="checkbox"/> Ultram	

Allergies (check if positive)

- Latex
- Iodine
- Shellfish
- Medical contrast
- Lidocaine

List any **other allergies**: (reaction – what happens)

Past Medical History (previously diagnosed condition)

List any medical conditions that you have had (such as high blood pressure, diabetes, etc):

Surgical History

Have you undergone coccyx surgery (coccygectomy)? Yes | No (If yes: Date _____)

Do your best to bring the surgical report

List any/all other surgeries you have had and the approximate year of each surgery:

Family History

List any diseases that run in your family (e.g. diabetes, cancers)

Social History

Do you smoke? Yes | No

Do you drink alcohol? Yes | No (If yes, how many drinks per week _____)

Gastroenterology/GI (For these symptoms, please see a GI doctor or primary doctor)

Abdominal / Intestinal symptoms (check if positive)

- None Pain with bowel movements (including coccyx pain with bowel movements)
- Diarrhea Constipation Fecal incontinence Rectal or anal pain or itching
- Bright red blood per rectum Melena (black, tarry stool) Other: _____

Work up

Have you seen any GI specialist? Yes | No

When was your last rectal exam (placing finger inside your anus) done by physician? _____

Did you ever have a colonoscopy or sigmoidoscopy? Yes | No (if yes, when was it? _____)

Urinary (For these symptoms, please see a urologist or primary doctor)

Symptoms: (check if positive)

- None Burning or pain when urinating Urinary incontinence (loss of bladder control)
- Other: _____

Diagnostic workup

Have any of urologic consults / tests been done? Yes | No

If yes, were they done since the onset of coccyx symptoms? Yes | No

Cancer (Any of these should be promptly evaluated for your primary care physician and/or other specialists)

Risk factors: (check if positive)

- None Unexplained weight loss Fevers / Chills / Night sweats
 Blood per rectum Abnormal vaginal bleeding

History

Have you ever been diagnosed with any cancer?

- None Colon Prostate Testicular
 Ovarian Cervical Other (please describe) _____

If yes, how was it treated? _____

Pilonidal cyst (For these symptoms, please see a general surgeon or colorectal surgeon)

Symptoms – near midline at crease/crease between buttocks (check if positive)

- None Tender lumps Odor / Itching
 Hole / Opening Discharge / Drainage

Have you ever been **TOLD** that you **HAVE** a “pilonidal cyst? Yes | No

Have you ever specifically **told** that you do **NOT have** a pilonidal cyst? Yes | No

If yes, **when** was it and **how** was it treated? _____

Skin / Dermatologic (For these symptoms, please see a dermatologist)

Symptoms – Skin near the coccyx / buttock (check if positive)

- None Itching Rash Pressure/Bed sore

Have you needed creams/lotions to treat problems near the coccyx/buttocks/anus? Yes | No

Pudendal nerve (For these symptoms, please see a urologist or Ob/Gyn)

Symptoms – at external genital region (check if positive)

- None Pain Numbness Tingling

Have you ever been told you have pudendal nerve problems? Yes | No

FEMALE patients only (MALE patients – please ignore)

(We recommend Ob/Gyn evaluation for female patients with tailbone pain)

Intra-pelvic history

Have you ever been diagnosed with? Uterine fibroids Ovarian cyst None

Have you ever been diagnosed with any other obstetric/gynecologic condition? Yes | No

If yes, please explain: _____

Obstetric history

How many children have you had? _____

Were there any tailbone problems with any of the child deliveries? Yes | No | N/A

Ob/Gyn evaluation

Have you seen your Ob/Gyn since the time that your tailbone symptoms started? Yes | No

If yes, did the Ob/Gyn think that any Ob/Gyn condition was causing the tailbone pain? Yes | No

Menopausal status

Pre-Menopausal | **Peri**-Menopausal | **Post**-Menopausal

Body Weight

Current height: _____ ft _____ in

Current weight: _____ pounds

Was there any significant change in weight before the coccyx symptom started?

None | Increase | Decrease

Any other significant changes in weight? Yes | No

If yes, please explain _____

Patient Signature

If the patient accepts or sends medical emails, the patient accepts the inherent potential confidentiality risks of unencrypted emails. The patient agrees to see any involved or relevant Primary Care Physician, Gastroenterologist, Urologist, Ob/Gyn, Surgeon, Dermatologist, etc., for any relevant care related to those or other medical specialties.

By typing your name and date below, you are signing this form electronically, and indicating that you understand and agree with information stated above. You are also indicating that all the information is accurate to best of your knowledge.

Please **sign** or **type** your name below

Patient Name/Sign _____

Date _____

This page is to remind you that your Fax to us should include a copy of any lumbosacral, pelvic or coccyx **RADIOLOGY REPORTS**.

Please also bring these reports with you (in case we have any difficulty reading the fax) and please **also bring the actual imaging studies** if possible (e.g. on computer CD or on films).

DRIVING DIRECTIONS:

If you have a **GPS... Here's our address: 90 Bergen Street, Newark, NJ 07103. (Corner of Bergen Street and 12th Avenue).**

From New Jersey Turnpike, North or South:

- Take exit 15W to I-280 West to the Orange St. /6th St. exit.
- Make the first right onto Orange St. and proceed one block to First St. and turn right.
- Proceed through 5 lights. (First St. turns into Bergen St.)
- The 5th light will be the intersection of Bergen Street and 12th Ave. (We are on this corner.)
- Drive just past 12th Street and make left into main entrance of UMDNJ-Hospital
- **See bottom of page for rest of directions after entering main entrance of hospital:**
 - **Return Trip** (going home)
 - Exit Parking Deck on Bergen Street side
 - Make right onto Bergen Street.
 - Make right onto Central Ave
 - Left onto Norfolk Street. Continue until you see signs for 280 east and Turnpike.

From The Garden State Parkway, North or South:

- Take exit 145 to I-280 East.
- Stay in the 3 left lanes (Exit 13 on Left) for approximately 1.5 miles it will end on First St.
- Make a right turn on First Street.
- Proceed 4 lights. (First Street turns into Bergen St.)
- The 4th light will be the intersection of Bergen Street and 12th Ave. (We are on this corner.)
- Drive just past 12th St. and make left into main entrance of UMDNJ-Hospital
- **See bottom of page for rest of directions after entering main entrance of hospital:**
 - **Return Trip** (going home)
 - Exit Parking Deck on Bergen St.
 - Make a right onto Bergen St.
 - Proceed 5 lights and make left onto Route 280 west
 - Garden State Parkway will be about a mile on your right.

From Route 78, Eastbound

- Take exit 56 toward CLINTON Ave 0.8 mi
- Merge onto W Runyon St 0.1 mi
- Turn left at Elizabeth Ave 0.1 mi
- Turn left at E Bigelow St 0.6 mi
- Turn right at Bergen St. You will make a right into the entrance of UMDNJ-Hospital 1.6 mi
- **See bottom of page for rest of directions after entering main entrance of hospital:**

From Route 78, Westbound (from Newark International Airport)

- Take exit 55 toward Hillside/Irvington 0.1 mi
- Keep right at the fork to continue toward Fabyan Pl and merge onto Fabyan Pl 0.7 mi
- Turn right at Clinton Ave 0.8 mi
- Turn left at Bergen St You will make a right into the entrance of UMDNJ-Hospital 1.4 mi
- **See bottom of page for rest of directions after entering main entrance of hospital:**
 - **Return Trip** (going home)
 - Exit Parking Deck on Bergen St. side
 - Make right onto Bergen St.
 - 2nd light make right onto West Market
 - Right onto Norfolk St. Continue a few miles until you see signs for 78.

Directions after entering main entrance of hospital:

- Follow traffic circle into parking deck. This is the deck on the corner of Bergen Street and 12th Ave.
- Park your car (write down what floor you park on). Take elevator to 2nd floor ("2nd" Floor is actually "Ground" Level).
- Walk out of the parking deck and walk 30 feet straight ahead to DOC building- it will have the number "90" on it.
- Elevators are on the right - take elevator to the 3rd floor.
- Proceed to Suite 3100.

The exact Address (e.g. for GPS or MapQuest) is: 90 Bergen St. Newark, NJ 07103
D.O.C. Building (Doctor's Office Center), Suite 3100
Phone 973-972-2802

Dr. Foye's instructions for patients coming in with tailbone pain:

Office phone # **973-972-2802**

Greetings.

For those of you who are coming to see me for coccyx pain (a.k.a coccydynia, or tailbone pain), please know that I will put forth my best effort to provide you with answers regarding the cause of your pain, and provide you with relief. These pages are designed to prepare you for the most helpful office visit possible.

Over more than 20 years in medical practice, I have treated thousands of patients with tailbone pain so I appreciate the severity and persistence of tailbone pain. Coccyx pain can certainly decrease a person's quality of life. In fact, as a physician (M.D.) board certified in Pain Management, I would say that coccyx pain is one of the most frustrating and problematic pain syndromes for patients. (Frankly, many doctors also find it frustrating, partly because so many of them are unfamiliar with the current treatments.)

www.TailboneDoctor.com: I suggest you visit my website for details about coming to my office for evaluation and treatment of coccyx pain. On the website you can: view images (anatomy, X-rays, MRI, etc), read patient testimonials and some of my publications about tailbone pain, listen to a 30-minute radio interview about tailbone pain, watch some of my educational videos about tailbone pain, etc. You may also sign up for a newsletter at the website home page. You may also want to go to Amazon online to get a copy of my book, "Tailbone Pain Relief Now!"

Here is a CHECKLIST for things that you should bring with you to your visit:

- 1) **Radiology reports:** official paper copies of what the radiologist wrote when he or she interpreted any x-rays, MRI, bone scan, CT scan, etc.
- 2) **Actual images:** Not just the paper reports, but the actual images so I can look at them myself, for any x-rays, MRI, bone scan from a CT scan, etc., related to the lower back, pelvis, or coccyx.
 - If you have not already had an MRI of the coccyx, we can order that when you are here, if needed. However, if you're coming from a great distance, you may want to have your local treating physician order it, but they **MUST** specifically indicate that it is a "sacrum/coccyx MRI with particular attention to the coccyx, including THIN SAGITTAL images through the coccyx, to rule out coccyx or intrapelvic causes for coccyx pain."
- 3) **Any gastroenterology (GI doctor) notes/reports, including any Colonoscopy results.** (Especially if you have any rectal/anal symptoms, you may want to see a GI doctor before you come here, and then bring those records. Rectal symptoms can sometimes seem like pain coming from the coccyx.)
- 4) **Any obstetrician/gynecologist notes/reports.** (Especially anything from after the onset of the coccyx pain.)
- 5) **Any procedure notes from previous injections, surgeries, etc.**
- 6) **Insurance issues:** Find out whether your insurance company requires pre-authorization for outpatient procedures like injections. My office staff is excellent at helping you with this.

COMING TO SEE ME: My personal preference would be to treat ALL patients suffering from tailbone pain. We have provided sustainable relief to a vast majority of patients, without surgical intervention. I understand (and hear almost daily) the frustration that patients have with the scarcity of doctors treating coccyx pain. I also understand the distances you all have to travel to come here.

If you can make the trip here to my office in Newark, New Jersey, I will do everything in my power to provide relief from your coccyx pain.

FLYING IN TO SEE ME: Patients who fly in to New Jersey to see me for coccydynia usually fly into "Newark Liberty International Airport" (which is only about 15 minutes from my office, \$16 by cab). We try to coordinate everything to accomplish as much as possible during the visit here. Thus, we will often perform the office evaluation and the seated x-rays on the same day (coned-down x-rays taken in the seated position, since that is when coccyx pain is often worse). (Very few radiology centers in this country are familiar with taking those x-rays, but I have trained the radiology technicians here. I have found in many many cases that these seated x-rays reveal dislocations that did NOT appear on the non-seated x-rays.)

COMING IN BY TRAIN: My office is only a 10-15 minute taxi ride from the train station called "Penn Station" in NEWARK, NEW JERSEY (NOT to be confused with Penn Station New York). From Penn Station Newark to my office is ~ \$10 taxi fare each way. Some patients from New York City take the New Jersey Transit Train, or the path train. Some patients with coccyx pain travel to see me by train because at least on the train they can stand up and/or walk, rather than having to sit down practically the whole time like they would in a car or plane.

VISITING NEARBY NEW YORK CITY: Some patients from around the country/world find themselves in NYC for business or vacation, and can readily take the train to Newark to come see me while they are so nearby.

NON-SURGICAL TREATMENTS: Most patients have already tried oral medications (ibuprofen, etc.), donut cushions and wedge cushions, etc. before coming to see me. Further, many patients have considered having the coccyx surgically removed. I aim to use non-surgical options to relieve pain without the invasiveness and prolonged recovery time often associated with surgery. I am not a surgeon, so I focus specifically on non-surgical treatments. Fortunately, these are usually effective at providing relief. Effective injections for relieving coccydynia include “ganglion Impar nerve blocks” (often combined with focal injection of a corticosteroid [similar to cortisone] at any joint that seems to be dislocating on the seated x-rays, or that shows substantial arthritis).

- **Not “epidurals”:** Note that these injections are very different than “epidural” steroid injections that some of my patients have had done elsewhere in the past [usually without relief].
- **Not “blind steroid injections”:** My injections are also different than local “blind” cortisone/steroid injections. A “blind” injection means that the physician sticks the needle in without using fluoroscopy. Fluoroscopy is like being able to see x-rays up on a video screen during the procedure, so that the physician can see exactly where the tip of the needle is, and thus can make sure that the medication gets to the right spot. I am NOT a fan of “blind” injections, since I do not think that they are very safe at that body region (certainly not for ganglion Impar injections). Thus, I generally perform coccyx injections under fluoroscopic guidance, for accuracy & safety.
- I have written/published many articles and book chapters about these injections in medical publications, etc., including some new injection techniques that are easier and more direct to the site.

APPOINTMENT TIMES: Please note that most initial evaluations for “new” coccyx patients are in the morning or early afternoon, to allow enough time to meet you, get x-rays, review your new and old images, perform a physical exam, and come up with a treatment plan for you. Patients with flights in/out of NJ should let my staff know this in advance, so they can make the office visits work around your flight times.

SET ASIDE ENOUGH TIME (over 4 hours) FOR YOUR EVALUATION HERE: We provide a very thorough evaluation to ensure the best treatment possible. We listen to the details of your symptoms, as well as review your records, medical history, prior tests, treatments and imaging studies. We perform a lengthy, careful physical examination. We require seated x-rays in a particular way—I’m not aware of any other place in the country that does these routinely. Thus, the seated x-rays need to be done here. There is often a 30-60 minute waiting time down in the radiology department to get the x-rays. I will go over the images in person with you. I find it very gratifying that we can better discover the cause of tailbone pain that you may have suffered from for years without an explanation. The day can be long, so I suggest you bring a snack for lunch. Often we can do the injection on the same day as the Initial Evaluation, but may need to wait to use the fluoroscopy-guided-injection room. FYI: we can never “promise” in advance that we will do an injection on your first day here, because your evaluation might reveal that some additional testing or consults are needed first, or the evaluation might reveal that I do not recommend any injection. Further, you may need insurance authorization before the injection. Again, please set aside enough time for us to perform a thorough evaluation for you.

INSURANCE: My general preference as a treating physician is to focus mainly just on the medical care, rather than insurance issues. But, I do understand the realities of patients needing some guidance on these issues. BEFORE you come to my office, my office staff will look into whether your insurance company requires pre-authorization for the injections that I find most commonly help relieve coccyx pain (e.g., ganglion Impar injections, etc). Just fax your insurance cards in with your other materials and my staff will check for you.

- Some insurance companies (e.g. Medicare, etc.) do **not** require pre-authorization, in which case we do not have to face the delay of waiting for the authorization. In cases where the insurance company does NOT require preauthorization for injections, many patients may within a single day be able to fly in, be evaluated, have the sitting X-rays done, review these with me, decide that you are a good candidate for injection, then move ahead with performing the injection later that same day. However, prior to seeing you I certainly can NOT make any actual “promises” about whether we would be able to do the injection on the same day as the Initial Evaluation here. If the evaluation reveals that an injection is medically indicated, and if there are no medical contraindications that need to be taken care of prior to injection, and if the insurance authorizations are not causing delays, then we often just proceed with injection on the same day as the Initial Evaluation (although often this means being here for another hour until I have access to the fluoroscopy room later in the day).
- Some insurance companies **do** require authorization in advance (pre-authorization), in which case they usually want to see my consultation report, which is not fully typed up until after you are here. Thus, those patients usually need to have their injection on a different, later date than their initial evaluation here. My office staff will check with your insurance company and see what would be needed.

- Photocopy your insurance card (front and back) and send it in to my office, so my office staff can check all of this for you even before your office visit here.
- Even if your insurance is “out of network” for this office, my staff can look into the details for you.

INSURANCE “Out of Network”: e.g. United Healthcare, Oxford, Aetna, HealthNet, Ameri-Health, Empire, Blue Cross, Blue Sheild

- I am “in-network” for: Medicare, NJ Medicaid, and many insurance plans, but not all.
- Even if your insurance is “out of network” for this office, my staff can look into the details for you.
- Many patients have out-of-network benefits or other options.
- Call my office staff (973-972-2802) and they can help look into this for you.

COLLECT YOUR MEDICAL RECORDS: Perhaps **the easiest place and most important initial place to start would be for you to gather copies of your medical records.** This includes the official radiology reports from any X ray, MRI, bone scan, CT scan, etc., that you have had of the lower back, pelvis, sacrum or coccyx. Similarly, if you have already undergone diagnostic consultation/work up with a gastroenterologist (GI specialist, often including colonoscopy), those results would be helpful. Generally, the easiest thing is to have all of your medical providers send copies of your records directly **to YOU** (*not* to me), so that you can personally make sure that everything has arrived in your own hands. The best way for you to do this is to make a list of all of the relevant doctors and tests, request that they send your records **to you**, and then check off the items as they come in. Or go by their offices to pick up the records. Then you should **make a copy** of all of it, keeping one entire set for yourself and bring the other set (copy) to me when you come for your office visit here. I cannot stress enough the importance of gathering your medical records (and actual images of X-rays, MRI, etc., as noted below).

RADIOLOGY IMAGES: Also, **please bring with you any actual radiology images, in addition to the official radiology reports.** Bring **BOTH** (images **AND** reports). The imaging studies that are especially important include x-rays, CT scans or MRI of the lumbosacral spine, sacrum, pelvis, or coccyx. I would certainly want to see the images for myself. Many radiology centers nowadays have their images in electronic/digital format, in which case they could simply put them onto a computer CD for you and then you can bring it with you to your evaluation here.

- **“Lumbar” MRI does NOT include the coccyx:** I find that often doctors and radiology centers will order or perform a typical “lumbar” or “lumbosacral” spine MRI (which is helpful for “lumbosacral” causes of low back pain, but typically does NOT include any images of the coccyx!). You should obtain and read for yourself the radiology reports, and see whether or not they specifically comment on the actual appearance of the coccyx. I have had MANY patients travel from out of state, arriving here to see me with their radiology films and reports, only to find that the films did NOT include the coccyx at all! For most patients with coccyx pain who have NOT undergone an MRI that actually shows the coccyx, an MRI should probably be considered.
- For patients who are flying in to see me, there is definitely NOT enough time in a single day to have the initial evaluation and also the MRI. Thus, some patients get the MRI done in their home state, prior to coming for the office visit here. (But I can not order an MRI on a patient I have not met yet.)
- **If your local doctor is ordering the MRI:** Just remember that MRI of the lumbosacral spine (lower back) can be helpful for low back pain, but to visualize the coccyx the ordering physician would typically need to specify MRI of the pelvis/coccyx (or a **“Sacrum/Coccyx MRI with particular attention to the coccyx, explicitly including T2 and T1 thin SAGITTAL images through the coccyx”**).
- Unless ordered properly, an MRI for coccyx pain very often will **not** be done properly. (Sometimes even when ordered properly it is still not done properly!) Thus, if you live close enough to see me for more than one visit, then on your first visit here I can take care of giving specific/explicit orders for the MRI (if medically necessary). Alternatively, if due to distance you can only make it here to see me for one day, then you may want to have your local doctor order the MRI (specifically as indicated above) in advance, so that you can bring the MRI images and the radiology report with you to your evaluation here.

PREVIOUS INJECTIONS: Please make a list of any injections you have already had, as part of treatment for your back and/or tailbone pain. Specifically note whether these were performed using fluoroscopy (fluoroscopy is a big radiology machine and it looks like x-rays up on the video screen, guiding the placement of the needle). I find that unfortunately many places still do the injections “blind” (without fluoroscopic guidance). Also, please document what your response was, if any, to these injections. Ideally, **obtain the procedure notes** from the office of the doctor that did the injections, so that I can review what has been tried already.

IT MAKES THE MOST SENSE TO BRING YOUR RECORDS AND IMAGES WITH YOU TO YOUR EVALUATION HERE. (i.e., bring your medical records, radiology reports, the actual radiology images (films or on a computer CD)

and a list of prior injections). **See the checklist** on an earlier page of this document, for a list of things that you should gather and bring with you.

IT IS BEST FOR YOU TO BRING THE COPY OF THE RECORDS, ETC., WITH YOU.
HOWEVER, IN A FEW CASES, PATIENTS SEND ME THEIR RECORDS IN ADVANCE.

My mailing address is as follows:

Patrick M. Foye, M.D., Director, Coccyx Pain Center, PM&R
90 Bergen St, DOC-3100,
Newark, NJ 07103

(If the records are less than 15 pages total, you can fax them to my attention at Fax # 973-972-2825.
But in general, it is much better for you to gather them and personally just bring them in so you are sure that we can review them together with you at your appointment.)

I look forward to hearing from you, and hopefully meeting you and providing you with relief.
Meanwhile, please go to the website www.TailboneDoctor.com and sign up for the email newsletter.

All the best.

Patrick M. Foye, M.D.
Director, Coccyx Pain Center, New Jersey Medical School
90 Bergen St, DOC-3100, Newark, NJ 07103
Phone # 973-972-2802 Fax # 973-972-2802

+++++

About Dr. Foye.....

Patrick Foye, M.D.

- *Director, Coccyx Pain Center (Tailbone Pain Center), New Jersey Medical School, Newark, NJ, USA*
- *Professor, Physical Medicine & Rehabilitation (PM&R)*
- *Board Certified: American Board of Physical Medicine and Rehabilitation (PM&R)*
- *Board Certified: American Board of Independent Medical Examiners, 1999*
- *Board Certified: American Board of Electromyography and Clinical Neurophysiology (EMG, Nerve Studies, etc), 1999*
- *Board Certified: Pain Medicine (Sub-Specialty Pain Board certification, via the American Board of PM&R and the American Board of Anesthesiology)*
- *Co-Director, Outpatient Musculoskeletal Medicine, University Rehabilitation Associates*
- *Co-Director, Musculoskeletal/Pain Fellowship, New Jersey Medical School*
- *Co-Director, Back Pain Clinic, University Hospital, Newark*
- *Director, Medical Student Clerkships, PM&R, New Jersey Medical School*
- *National Managing Editor, eMedicine, PM&R division.*
- *Member of the Medical Examiners' Panel, for the State of New Jersey*

This document was last revised on: 2019-4-15