## STEVE D WHEELER MD

## License Number: ME49883

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1977
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

## **General Information**

## **Primary Practice Address**

STEVE D WHEELER MD 6701 SUNSET DRIVE STE 200A MIAMI, FL 33143

#### Medicaid

This practitioner does NOT participate in the Medicaid program.

### **Staff Privileges**

This practitioner has not indicated any staff privileges.

## **Email Address**

Please contact at: drheadache@aol.com

### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

### Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

## **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
DARTMOUTH COLLEGE	MD		

## **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

## **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
THOMAS JEFFERSON UNIV	INTERNSHIP	IM - INTERNAL MEDICINE		PHILADELPHIA	PENNSYLVANIA	07/01/1976	06/30/1977
UNIVERSITY OF MIAMI/JACKSON	RESIDENCY	N - NEUROLOGY		MIAMI	FLORIDA	07/01/1978	06/30/1981
WASHINGTON UNIV	FELLOWSHIP	OTHER	NEUROMUSCLAR DIEASES	ST. LOUIS	MISSOURI	07/01/1981	06/30/1982

## **Academic Appointments**

### **Graduate Medical Education**

This practitioner has had the responsibility for graduate medical education within the last 10 years.

## **Academic Appointments**

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

## **Specialty Certification**

### **Specialty Certification**

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	N - NEUROLOGY	

## Financial Responsibility

### **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

## **Proceedings and Actions**

## **Proceedings & Actions**

### **Criminal Offenses**

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to

#### the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### **Medicaid Sanctions and Terminations**

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

#### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

#### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

# Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

## **Optional Information**

### Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

## **Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
SOUTH FLORIDA'S TOP DOCTORS, BEST PHYSICIAN IN US	AMERICAN ACADEMY OF NEUROLOGY
WHO'S WHO IN AMERICA	BLACK ACHIEVER
WHO'S WHO IN THE WORLD	WHO'S WHO IN AMERICA

#### **Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
THE TEN MOST COMMONLY ASKED QUESTIONS ABOUT THE USE OF $\dots$	T THE NEUROLOGIST	01/01/2002
DELAYED DIAGNOSIS OF CLUSTER HEADACHE IN AFRICAN AMERICA	J NATL MED ASSOC	01/01/2001

Title	Publication	Date
SELECTIVE SEROTONIN REUPTAKE INHIBITOR DISCONTINUATION S	THE NEUROLOGIST	01/01/2000
EPILEPSY AND RELIGIOUS EXPERIENCES: VOODOO POSSESSION	EPILEPSIA	01/01/1999
TOPIRAMATE-TREATED CLUSTER HEADACHE	NEUROLOGY	01/01/1999
ANTIEPILEPTIC DRUG THERAPY IN MIGRAINE HEADACHE	CURR TREAT OPTIONS NEUROL	01/01/2002
HEMICRANIA CONTINUA IN AFRICAN AMERICANS	J NATL MED ASSOC	01/01/2002
ANTIEPILEPTIC DRUGS FOR MIGRAINE PREVENTION: AN UPDATE	ADVANCED STUDIES IN MEDICINE	01/01/2001
PHENOTYPE-DRIVEN PREVENTIVE STRATEGIES FOR MIGRAINE AND OTHER HEADACHES.	THE NEUROLOGIST	03/01/2009
MISCELLANEOUS PRIMARY HEADACHE.	PRIM CARE	06/01/2004
DPN (DL'PEND) ON THE HISTORY TO DIAGNOSE MIGRAINE.	HEADACHE	03/01/2007
DIHYDROERGOTAMINE LOCAL REACTIONS REDUCED BY NORMAL SALINE.	NEUROLOGY	09/01/1993

## **Professional Web Page**

This practitioner has not provided any professional web page information.

## **Languages Other Than English**

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

## **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

## Affiliation

AMERICAN ACADEMY OF NEUROLOGY

AMERICAN HEADACHE SOCIETY

INSTITUTE FOR FUNCTIONAL MEDICINE

INTERNATIONA LYME AND ASSOCIATED DISEASES SOCIETY

INTERNATIONAL HEADACHE SOCIETY