



1800 Heritage Blvd., Midland, TX 79707  
Phone No: (432)614-0350 . Fax No: (915)613-0946  
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## PATIENT REGISTRATION

Patient Name \_\_\_\_\_

SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone  
(Home): \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Ethnicity Hispanic \_\_\_ Not Hispanic \_\_\_ Unknown \_\_\_.

Preferred Language \_\_\_\_\_

Race American Indian \_\_\_, Asian \_\_\_, Black \_\_\_, Pacific Islander \_\_\_, White \_\_\_, Other  
Race \_\_\_

## INSURANCE INFORMATION

### PRIMARY INSURED SECONDARY INSURED

Name of Insured \_\_\_\_\_ Name of Insured \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Company \_\_\_\_\_

Co-Pay \_\_\_\_\_ Deductible \_\_\_\_\_ Co-Pay \_\_\_\_\_ Deductible \_\_\_\_\_



**RECOVERY&GOALS**  
— MOVE FORWARD —

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**RESPONSIBLE PARTY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**EMERGENCY CONTACT:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



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## **NEW PATIENT**

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex:** M / F

**Referring Physician:** \_\_\_\_\_

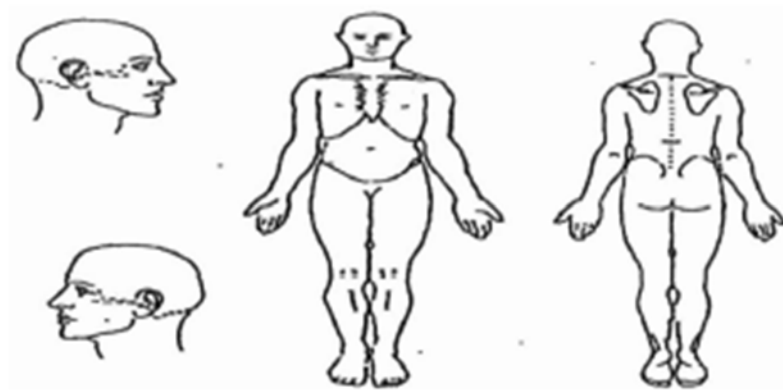
**Primary Care Physician:** \_\_\_\_\_

**How did you learn about our clinic?** \_\_\_\_\_

- 1. What brings you here today?**
- 2. When did the problem start?**
- 3. How did this problem start?**
- 4. Any inciting event?**
- 5. Is this problem improving, worsening or stable over time?**
- 6. Have you had this problem before? If yes, how was it treated? Who was your doctor?**



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Please mark(X=pain)

**PAST MEDICAL HISTORY:**

**Please circle any illnesses you have been diagnosed with: (Circle all that apply)**

Diabetes- Heart Attack/Pacemaker- Coronary artery disease- Hypertension- Blood Disorders-  
 Thyroid Problems (hypo/hyper) - COPD / asthma/ bronchitis - Cancer- Stroke- Skin  
 Disease- Migraine/ Headaches- Seizure/Epilepsy- Eye problems- Allergies- Neurological disorders (MS,  
 Parkinson, etc) - Autoimmune Diseases- PVD (poor circulation in feet) - Other (Please explain any one  
 circled), \_\_\_\_\_

Have you ever been diagnosed and/or treated for a psychiatric or psychological disorder? Y / N

What were the diagnoses? \_\_\_\_\_

**SURGICAL HISTORY:**

What operations have you had (surgeon(s), date(s))? Or NONE

**What Diagnostic Tests have you had done for your condition:**

\_\_\_\_\_

**Test Area Tested Date Where At?**

\_\_\_\_\_

**X-ray**

\_\_\_\_\_



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CT Scan

MRI

Bone Scan

EMG

Mylogram

Any Other Tests

**ALLERGIES:**

**Current Medications:**

Please list your **pain medications** you are currently taking with their dosage/amount:

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Are there any side effects from your pain medications? Y / N

Describe the side effects: \_\_\_\_\_

Are you currently on "Blood Thinners?" Y / N. Name them

**Social Functional History:**

Are you (circle those that apply) Single – Married- Divorced – Widow/Widower – Remarried

List all the people who live with you

How many children do you have? \_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

Are you currently (circle one) Employed- Unemployed- Retired

Has your pain caused you to miss days from work? Y/ N NA

Are you on Disability? Y / N NA

What is your occupation/ What was your occupation? \_\_\_\_\_

Do you use a ? (circle all that apply) Cane- Walker- Crutches- Wheelchair- Braces (back or body)

Are you currently involved in any lawsuits? Y / N

Do you use tobacco products (circle all that apply) Cigarettes- Cigars- Chew- Snuff



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How much a day? \_\_\_\_\_  
Do you drink Alcoholic beverages? Y / N How much? \_\_\_\_\_ Day \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_  
Do you use recreational drugs/street drugs/illegal drugs including Marijuana? Y / N  
Used in the last month? \_\_\_\_\_  
Do you have a regular exercise program? Y / N If yes what? \_\_\_\_\_  
**Please list your Hobbies or things you like to do for Fun and Relaxation:**

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**Have you ever been physically abused? Y / N**

**Have you ever been sexually abused? Y / N**

**Family Medical History:**

**Patient/Family Goals for this visit:**

**REVIEW OF SYSTEMS**

General:

HEENT/Neck:

Respiratory:

- pneumonia
- vent. dependent, full-time
- vent. dependent, part-time

Cardiovascular:

- autonomic dysreflexia
- orthostatic hypotension
- DVT
- PE



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Heme/Lymph:

Genitourinary:

bladder management:

neurogenic bladder

symptomatic UTI

date of last UTI:

renal calculi

ureteral reflux

renal insufficiency

Cr:

Gastrointestinal:

neurogenic bowel

bowel program:

hemorrhoids

Skin:

pressure ulcers

location/date/tx:

Neuromusculoskeletal:

chronic pain

heterotopic ossification

spasticity

syrinx

fractures

location/date:

contractures

Psychiatric:

substance abuse

depression

suicidality



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Functional:

- Ambulatory
- Wheelchair mobility
- driving
- ADLS

### **Activities of Daily Living Questionnaire (ADLQ)**

Instructions: circle one number for each item

#### **1. Self-care activities**

##### **A. Eating**

0 = No problem

1 = Independent, but slow or some spills

2 = Needs help to cut or pour; spills often

3 = Must be fed most foods

9 = Don't know

##### **B. Dressing**

0 = No problem

1 = Independent, but slow or clumsy

2 = Wrong sequence, forgets items

3 = Needs help with dressing

9 = Don't know

##### **C. Bathing**





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0 = No problem

1 = Bathes self, but needs to be reminded

2 = Bathes self with assistance

3 = Must be bathed by others

9 = Don't know

**D. Elimination**

0 = Goes to the bathroom independently

1 = Goes to the bathroom when reminded; some accidents

2 = Needs assistance for elimination

3 = Has no control over either bowel or bladder

9 = Don't know

**E. Taking pills or medicine**

0 = Remembers without help

1 = Remembers if dose is kept in a special place

2 = Needs spoken or written reminders

3 = Must be given medicine by others

9 = Does not take regular pills or medicine OR Don't know

**F. Interest in personal appearance**



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0 = Same as always

1 = Interested if going out, but not at home

2 = Allows self to be groomed, or does so on request only

3 = Resists efforts of caretaker to clean and groom

9 = Don't know

## **2. Household care**

### **A. Preparing meals, cooking**

0 = Plans and prepares meals without difficulty

1 = Some cooking, but less than usual, or less variety

2 = Gets food only if it has already been prepared

3 = Does nothing to prepare meals

9 = Never did this activity OR Don't know

### **B. Setting the table**

0 = No problem

1 = Independent, but slow or clumsy

2 = Forgets items or puts them in the wrong place

3 = No longer does this activity

9 = Never did this activity OR Don't know

### **C. Housekeeping**

0 = Keeps house as usual

1 = Does at least half of his/her job

2 = Occasional dusting or small jobs



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3 = No longer keeps house

9 = Never did this activity OR Don't know

**D. Home maintenance**

0 = Does all tasks usual for him/her

1 = Does at least half of usual tasks

2 = Occasionally rakes or some other minor job

3 = No longer does any maintenance

9 = Never did this activity OR Don't know

**E. Home repairs**

0 = Does all the usual repairs

1 = Does at least half of usual repairs

2 = Occasionally does minor repairs

3 = No longer does any repairs

9 = Never did this activity OR Don't know

**F. Laundry**

0 = Does laundry as usual (same schedule, routine)

1 = Does laundry less frequently

2 = Does laundry only if reminded; leaves out detergent, steps

3 = No longer does laundry

9 = Never did this activity OR Don't know

3. Employment and recreation

A. Employment



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0 = Continues to work as usual

1 = Some mild problems with routine responsibilities

2 = Works at an easier job or part-time; threatened with loss of job

3 = No longer works

9 = Never worked OR retired before illness OR Don't know

**B. Recreation**

0 = Same as usual

1 = Engages in recreational activities less frequently

2 = Has lost some skills necessary for recreational activities

(eg, bridge, golfing); needs coaxing to participate

3 = No longer pursues recreational activities

9 = Never engaged in recreational activities OR Don't know

**C. Organizations**

0 = Attends meetings, takes responsibilities as usual

1 = Attends less frequently

2 = Attends occasionally; has no major responsibilities

3 = No longer attends

9 = Never participated in organizations OR Don't know

**D. Travel**

0 = Same as usual

1 = Gets out if someone else drives

2 = Gets out in wheelchair



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3 = Home- or hospital-bound

9 = Don't know

**4. Shopping and money**

**A. Food shopping**

0 = No problem

1 = Forgets items or buys unnecessary items

2 = Needs to be accompanied while shopping

3 = No longer does the shopping

9 = Never had responsibility in this activity OR Don't know

**B. Handling cash**

0 = No problem

1 = Has difficulty paying proper amount, counting

2 = Loses or misplaces money

3 = No longer handles money

9 = Never had responsibility for this activity OR Don't know

**C. Managing finances**

0 = No problem paying bills, banking

1 = Pays bills late; some trouble writing checks

2 = Forgets to pay bills; has trouble balancing checkbook; needs  
help from others

3 = No longer manages finances

9 = Never had responsibility in this activity OR Don't know



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## 5. Travel

### A. Public transportation

- 0 = Uses public transportation as usual
- 1 = Uses public transportation less frequently
- 2 = Has gotten lost using public transportation
- 3 = No longer uses public transportation
- 9 = Never used public transportation regularly OR Don't know

### B. Driving

- 0 = Drives as usual
- 1 = Drives more cautiously
- 2 = Drives less carefully; has gotten lost while driving
- 3 = No longer drives
- 9 = Never drove OR Don't know

### C. Mobility around the neighborhood

- 0 = Same as usual
- 1 = Goes out less frequently
- 2 = Has gotten lost in the immediate neighborhood
- 3 = No longer goes out unaccompanied
- 9 = This activity has been restricted in the past OR  
Don't know

### D. Travel outside familiar environment

- 0 = Same as usual



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- 1 = Occasionally gets disoriented in strange surroundings
- 2 = Gets very disoriented but is able to manage if accompanied
- 3 = No longer able to travel
- 9 = Never did this activity OR Don't know

## **6. Communication**

### **A. Using the telephone**

- 0 = Same as usual
- 1 = Calls a few familiar numbers
- 2 = Will only answer telephone (won't make calls)
- 3 = Does not use the telephone at all
- 9 = Never had a telephone OR Don't know

### **B. Talking**

- 0 = Same as usual
- 1 = Less talkative; has trouble thinking of words or names
- 2 = Makes occasional errors in speech
- 3 = Speech is almost unintelligible
- 9 = Don't know

### **C. Understanding**

- 0 = Understands everything that is said as usual
- 1 = Asks for repetition
- 2 = Has trouble understanding conversations or specific words  
occasionally



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3 = Does not understand what people are saying most of the time

9 = Don't know

D. Reading

0 = Same as usual

1 = Reads less frequently

2 = Has trouble understanding or remembering what he/she has read

3 = Has given up reading

9 = Never read much OR Don't know

E. Writing

0 = Same as usual

1 = Writes less often; makes occasional spelling errors

2 = Signs name but no other writing

3 = Never writes

9 = Never wrote much OR Don't know