Account# _____

THE NEUROLOGY CENTER OF SOUTHERN CALIFORNIA

PATIENT REGISTRATION

Please answer all questions completely. **PAYMENT IS EXPECTED WHEN SERVICES ARE RENDERED**

Date_____ ☐**New** ☐**Update**

Name_____ Date of Birth _____ ☐ Male ☐ Female
Last First Middle

Home Address_____

City/State/Zip _____

Phone (_____) _____

Cell (_____) _____

Patient's Soc. Sec. # _____

Driver License No/State _____

Race __White/Caucasian __ Black or African American __ Asian __ American Indian __ Native Hawaiian or Other Pacific __ Decline to State

Ethnicity __ Hispanic or Latino __ Not Hispanic or Latino __ Decline to State

Primary Language Spoken _____

Employer_____ Employer's Address_____
Who is your Primary Care Physician? _____Referring Physician?_____

PATIENT'S E-MAIL ADDRESS _____

Financially Responsible Party (subscriber info)

If other than self _____Relationship _____

Address _____ Phone (___)_____
Number Street City

Patient's Primary Insurance _____ **Subscriber's Social Security #**_____

Subscriber ID #_____**Subscriber's Group ID#** _____**DOB** _____/_____/_____

Patient's Secondary Insurance _____ **Subscriber's Social Security #**_____

Subscriber ID #_____ **Subscriber's Group ID#** _____ **DOB** _____/_____/_____

Subscriber to Secondary Insurance _____**Relationship to Patient**_____

Emergency contact_____ Relationship _____
Last Name First Middle

☐ **Please check box if authorized to release appointment/medical information.**

Address _____ Phone (_____)_____
Number Street City

I have read and understand all of the above and hereby give my consent for medical treatment.

I understand that I am responsible for my bill.

I hereby authorize The Neurology Center to release medical and/or billing information to my insurance company.

_____ _____

Patient's Signature **Date**

31515 Rancho Pueblo Road, Suite 104, Temecula, CA 92592
6010 Hidden Valley Road, Suite 200, Carlsbad, CA 92011
1955 Citracado Pkwy, Suite 102, Escondido, CA 92029
9850 Genesee Avenue, Suite 530, La Jolla, CA 92037
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Account# _____

PERMISSION TO FURNISH MY MEDICAL INFORMATION

Patient Name: _____

1. FURNISH TO RELATIVES AND/OR PERSONAL ASSOCIATES

I hereby give my consent to The Neurology Center to furnish medical information about me (e.g., blood test results, other test results, doctor's instructions, etc.) in the event I am not immediately available.

Approved Person(s)	Relationship to Patient
_____	_____
_____	_____
_____	_____

- ❑ I hereby authorize The Neurology Center to disclose medical information in the purpose to contact me with routine results and to remind me of my future appointments. You may email, send text messages and or leave this information on my answering machine.
- ❑ I hereby instruct The Neurology Center to furnish information **only** to me. In this instance, I understand you will leave a message for me to call the office if I am not immediately available.
- ❑ Other special instructions regarding furnishing my medical information: _____

_____

_____

x_____ _____ _____

Patient Signature **Date** **Designated Power Of Attorney**

2. FURNISH TO PHYSICIANS OR OTHER MEDICAL PROVIDERS

I understand that The Neurology Center will furnish and/or discuss medical information (e.g., examination findings, laboratory and test results, etc) **about me with my Primary Care Physician and/or the Provider or entity that referred me to The Neurology Center.**

In addition, I hereby give my consent to The Neurology Center to furnish and/or discuss my medical information with the following additional Medical Providers or Entity(ies)

Providers Name	Phone Number	City
_____	_____	_____
_____	_____	_____
_____	_____	_____

x_____ _____ _____

Patient Signature **Date** **Designated Power Of Attorney**

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NEW PATIENT HISTORY
NCV/EMG

Name _____ **Birthdate** _____ **Date** .

Age: _____ I am: □ Right Handed □ Left Handed □ Ambidextrous

Referring Physician: _____

What is your primary language spoken? _____

Chief Complaint
Please list the main problems which bring you to the doctor

_____

_____

Medications – Please list all of the medications you are currently taking. Include aspirin, birth control pills hormones, water pills, sleeping pills, tranquilizers, vitamins, etc.

Medication	Dosage	How often taken?	For how long have you taken it?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Allergies:
Please list any allergies to medications _____

Are you allergic to X-ray dye? □ Yes □ No
Are you allergic to shellfish? □ Yes □ No

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Habits:

Check any of the following that you have used and state amount:

□ Alcohol How much per day? _____

□ Tobacco How much per day? _____

Past Medical History:

Check if you have had any of these problems. Give details.

□ Alcoholism
□ Arthritis
□ Atrial Fibrillation
□ Blindness, part or full
□ Cancer
□ Concussion
□ COPD
□ Double vision
□ Deep Vein Thrombosis (DVT)
□ Depression
□ Diabetes
□ Dementia
□ Fibromyalgia
□ Heart Disease
□ High Blood Pressure
□ High Cholesterol
□ Headache
□ Multiple Sclerosis
□ Myopathy or Muscular Dystrophy
□ Neuropathy
□ Parkinson's Disease
□ Seizure (Epilepsy)
□ Stroke
□ Substance Abuse Disorder

Other:

□ _____
□ _____

Surgical Procedures – List chronologically

Operations	**Hospital & City**	**Date**
1.		
2.		
3.		

Signature _____Date _____

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Electromyography (EMG) and Nerve Conduction Studies (NCS)

What is an EMG and NCS

Electromyography and NCS are a test that are performed to diagnose neuromuscular disorders (medical conditions that affect the nerves and muscles). These tests record the electrical signals that travel from nerves to the muscles in the arms and legs. It is performed for people experiencing certain symptoms, such as tingling, numbness, muscle weakness, muscle pain or cramping. These tests are used to diagnose a variety of neurological conditions, such as carpal tunnel syndrome, pinched nerves in the neck or low back, diabetic polyneuropathy, or a variety of other peripheral neuropathies

How the Test is Performed?

The test takes roughly 30-60 minutes, depending on the nature of the symptoms. There are two parts to the testing. The first part, called nerve conduction studies (NCS), involve small patches (surface electrodes) that are placed on the skin over nerves at various locations. A stimulator is used to apply an electrical impulse to the nerve being tested and the nerve's resulting electrical activity is recorded by the surface electrodes. The distance and time it takes for impulses to travel between electrodes are used to determine the speed of the nerve signals.

The second part of the testing is the EMG portion. This involves a physician inserting a very thin wire electrode into the muscle. The electrode works like an antenna and picks up the electrical activity given off by your muscles. This activity appears on a nearby monitor and may be heard through a speaker. There are no electrical stimulations during this part of the study. After placement of the electrodes, you may be asked to contract the muscle, for example bending your arm. The electrical activity seen on the monitor provides information about how your muscle is working.

Why the Test is Performed?

This test is used to understand nerve and/or muscle function.

How to Prepare for the Test?

Preparation is minimal. Eat normal meals and take your normal medications. Dress comfortably as the procedure requires access to your skin. You may be asked to change into a gown or shorts. A chaperone can be provided upon request any time during the test.

You should NOT use any form of creams, lotions, or perfumes on any part of the body the day of the test, otherwise, there are no special preparation is necessary. Cold body temperature can affect the results of this test so you may be asked to place your hands or feet on a heating pad (which will be provided) prior to starting the testing.

You should inform the physician if you are taking any blood thinners, if you bruise easily, are very susceptible to infections, have a history of hepatitis or HIV/AIDS or have a pacemaker.

How the Test Will Feel?

The stimulations may feel like electric impulses. Depending on how strong the stimulus is, you will feel it to varying degrees, and it may be uncomfortable but tolerable. You may feel some discomfort when the wire electrode is inserted, but most people are able to complete the test without significant difficulty. Rarely, the muscle may feel tender or bruised for a day.

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