

Application For Admission

For Neuropathy Relief Care Program

Welcome! Our practice is a referral based practice, so please do your part to help us help others. Thank you in advance. If you are reading this you have been fortunate enough to qualify for the consultation with Dr. Mooney at no charge. This however does NOT mean that your case has been accepted. Your consultation/evaluation today will determine if:

A) You are a qualified candidate for this program

B) Your condition is serious enough to warrant your case acceptable for treatment.

Today's Date _____ Height ____' ____" Weight _____ lbs B/P ____/____

Name _____ Age _____ Birthday _____ Sex M F

Driver Lic. No _____ SSN _____ Email: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Occupation _____ Length of Employ _____

Marital Status: S M W D Spouse Name _____

I (signature) _____ consent to allow Dr. Mooney to consult with me and perform an evaluation in order to determine if I am a good candidate for neuropathy relief program and also to determine if he is willing to accept my case. It is also my understanding that both the consultation and the evaluation are at no charge today.

How were you referred to us? By _____ Who _____

Would you consider this problem (check one)

Your average pain scale 0 to 10 is ____/10

- SLIGHT** (Tolerable but causing a little limitation)
 MODERATE (Sometimes tolerable but definitely causing limitations)
 SEVERE (Causing significant limitations)
 EXTREME (Causing near constant, greater than 80% of the time, limitations)

Please take several minutes to answer these questions so Dr. Mooney can help you get better faster.

1. In your own opinion, what do you think the real problem is and how long have you has this problem?

2. Describe the quality of your pain (Dull, Achy, Sharp, Spasm, Shooting, Stabbing, Burning, Numbness, Tingling, Pins, Needles)

3. Since your problem became this severe, what 3 things has it caused you to miss doing the most?

4. How had your life or health been changed since it became a problem?

5. What has that cost to you (time, money, happiness, freedom, sleep, promotion, etc.)? Give 3 examples.

6. What would be different/better without this problem? Please be specific?

7. What activities/movements are guaranteed to make it worse?

8. What kinds of treatments have you received and did any of these treatments work?

9. List any surgeries that you have had and when.

10. If you cannot find a solution to this problem what do you think will happen to you?

11. What do you desire most to get from working with us?

12. What is that worth to you?

And Thank You For Your Time. The Doctor Will Be With You Shortly.