

TEXAS NEUROLOGY

6301 GASTON AVE, SUITE 100, WEST TOWER, DALLAS, TEXAS 75214
PHONE 214-827-3610 FAX 214-821-4017

PLEASE COMPLETE THE ENCLOSED INFORMATION PRIOR TO YOUR INITIAL CONSULTATION WITH **DR. JENEVEIN**. A MEDICATION LOG IS INCLUDED FOR YOU TO COMPLETE AND MAINTAIN FOR EACH FOLLOW-UP VISIT. PLEASE BRING IT WITH YOU TO EVERY VISIT. WE REQUIRE THAT YOU BRING MEDICAL RECORDS FROM YOUR REFERRING PHYSICIAN, ALONG WITH ANY RECENT DIAGNOSTIC STUDIES. PLEASE FEEL FREE TO CONTACT OUR SCHEDULING DEPARTMENT WITH ANY QUESTIONS RELATING TO THE INFORMATION CONTAINED WITHIN THIS PACKET.

IT IS VERY IMPORTANT THAT YOU BRING YOUR INSURANCE CARD(S) AND ID ON THE DAY OF YOUR APPOINTMENT. PLEASE REMEMBER THAT IT IS YOUR RESPONSIBILITY TO OBTAIN A REFERRAL FROM YOUR PRIMARY CARE PHYSICIAN (IF YOUR INSURANCE REQUIRES IT).

AS A COURTESY REMINDER, WE WILL CALL YOU TWO (2) DAYS PRIOR TO YOUR SCHEDULED APPOINTMENT TO CONFIRM YOUR APPOINTMENT DATE AND TIME. IF FOR ANY REASON YOU CANNOT MAKE YOUR APPOINTMENT, PLEASE CALL AT LEAST 24 HOURS IN ADVANCE TO CANCEL OR RESCHEDULE. IT IS THE POLICY OF TEXAS NEUROLOGY THAT ALL PATIENTS WHO DO NOT PROVIDE 24 HOURS ADVANCED NOTIFICATION OF CANCELLATION WILL BE SUBJECT TO THE FOLLOWING FEES:

NEW PATIENTS/CONSULTATIONS - \$50

TESTING - \$50

FOLLOW UP APPOINTMENTS - \$25

PLEASE CHECK IN ON THE 1ST FLOOR, SUITE 100.
THANK YOU AND WE LOOK FORWARD TO SEEING YOU!

APPT DATE: _____ APPT TIME: _____ PHYSICIAN: **B JENEVEIN, MD**

PATIENT REGISTRATION

TEXAS NEUROLOGY

Physician you are seeing today: _____ Today's Date: _____

NAME: _____ DATE OF BIRTH: _____

First MI Last

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Business Phone (_____) _____ Age _____

Sex _____ Marital Status _____ SS# _____ - _____ - _____ Email: _____

Ethnicity: Caucasian African American Asian/Pacific Islander Hispanic Other

Referring Doctor _____ Phone (_____) _____

Primary Care Doctor _____ Phone (_____) _____

Pharmacy Information _____ Phone (_____) _____

EMPLOYER: _____ OCCUPATION: _____

Address _____ City _____ State _____ Zip _____

Emergency Contact: _____ Phone Number (_____) _____ Relationship _____

**Is there anyone you would like to authorize us to speak with concerning your medical information?
We will speak only to you if none is selected.**

None Name _____ Contact Number (_____) _____ Relationship _____

Is it ok to leave personal/medical information on your voicemail? Home Mobile Work None

Please provide a current picture id and insurance card(s) to the receptionist at time of arrival. You are required to provide your active insurance card or payment will be required at time services are rendered. Thank you for your cooperation.

For Office Use Only:
Insurance Card Received: _____
Staff Initials

INSURANCE AUTHORIZATION: I HEREBY AUTHORIZE TEXAS NEUROLOGY TO FURNISH MEDICAL RECORDS &/OR TEST RESULTS INCLUDING HIV STATUS, VIA FAX OR MAIL, TO MY REFERRING DOCTOR, INSURANCE COMPANIES AND TO THE DOCTOR TO WHOM I AM REFERRED CONCERNING MY ILLNESS AND TREATMENT. I WILL NOT HOLD TEXAS NEUROLOGY OR ITS EMPLOYEES RESPONSIBLE FOR ANY MISDIRECTED RECORDS OR CORRESPONDENCE. I UNDERSTAND THAT ALL PAYMENTS &/OR COPAYMENTS INCLUDING NON-COVERED SERVICES ARE DUE AT THE TIME OF SERVICE, UNLESS I AM COVERED UNDER A WORKERS' COMPENSATION CLAIM. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO TEXAS NEUROLOGY FOR ALL SERVICES RENDERED.

BY SIGNING THIS FORM I CONSENT TO TREATMENT NECESSARY FOR THE CARE OF THE PATIENT INDICATED ON THIS FORM.

Signature _____

Date _____

INITIAL HISTORY & PHYSICAL

N. B. JENEVEIN, M.D.

INITIAL HISTORY & PHYSICAL

Last Name	First Name	Date of Birth	Age	Today's Date
		/ /		/ /2009
Referring Doctor	Primary Care Doctor/PA/NP	Your Cell or Alternate Phone#	Your Email for Private Correspondence	

Chief Complaint. Please describe the *main problem* you would like to address today:

Medical History. Please indicate any chronic or longstanding *medical conditions*.

Please attach copy of completed **Medication Log**.

Please list any **allergies** to Medications.

1	2
3	4

Please list any **surgeries** you have had, including the approximate date:

1	2	3	4
5	6	7	8

Family History. Please list family members and major medical problems and whether they are deceased:

Mother		Age	Father		Age
Maternal grandfather			Paternal grandfather		
Maternal grandmother			Paternal grandmother		
1 st sibling			3 rd sibling		
2 nd sibling			4 th sibling		

Social History.

Occupation?	Use tobacco? Y / N	Exercise > twice/week?	At risk for stroke or MI?	Illicit drug use? Y / N
Who lives with you?	Consume alcohol? Y / N		At risk for hepatitis?	IV drug abuse? Y / N
Who's your main helper?	Drink soda pop? Y / N		At risk for HIV?	

Patient Name _____

Review of Systems. Please *circle* any symptoms you've experienced and *X over* any you don't currently have:

GENERAL, No problems <input type="checkbox"/>	Weight Loss	Weight Gain	Fever	Night Sweats	
EYES, No problems <input type="checkbox"/>	Gradual Vision Loss	Sudden Vision Loss	Color Desaturation	Glaucoma	Lens Implant
EARS/NOSE/THROAT, No <input type="checkbox"/>	Dental Problems	Sore Throat	Swollen Glands	Dry Mouth	Sinusitis
CARDIOVASCULAR, No <input type="checkbox"/>	Chest Pains	Palpitations	Exercise-Intolerant	Hypertension	
RESPIRATORY, No <input type="checkbox"/>	Short of Breath	Coughing Blood	Asthma	Emphysema, COPD	
GASTROINTESTINAL, No <input type="checkbox"/>	Reduced Appetite	Nausea, Vomiting	Constipation, Diarrhea	Vomiting Blood	Bloody Stools
GENITOURINARY, No <input type="checkbox"/>	Painful Urination	Frequent Urination	Blood in Urine	Kidney Stones	Incontinence
MUSCULOSKELETAL, No <input type="checkbox"/>	Joint Pain	Back Pain	Muscle Pain	Dark Urine	Injury
PSYCHIATRIC, No <input type="checkbox"/>	Hallucinations	Depression	Suicidal Thoughts	Burn-out	Bipolar
ENDOCRINE, No problems <input type="checkbox"/>	Thirsty all the time	Thyroid Disorder	Diabetes	Chronic Steroid Use	Osteoporosis
LYMPHATIC, No problems <input type="checkbox"/>	Swollen Glands	Lymphadema			
SKIN, No problems <input type="checkbox"/>	Rash	Eczema	Psoriasis	Nail Problem	Birth Mark
ALLERGIC, No problems <input type="checkbox"/>	Hives	Seasonal Allergy	Laryngeal Edema		
TUMOR/CANCER, No <input type="checkbox"/>	Chemotherapy	Radiation	Biopsy		
HEMATOLOGIC, No <input type="checkbox"/>	Anemia	Bruising	Blood Clots	Transfusion	Iron Deficiency
SLEEP, No problems <input type="checkbox"/>	Snoring	Witnessed Apnea	Daytime Fatigue	Restless Sleep	Morning Headache
MEMORY, No problems <input type="checkbox"/>	Significant Memory Loss	Getting Lost	Wandering Away	Inability to Dress Independently	
MOVEMENT, No problems <input type="checkbox"/>	Tremor, Weak Voice	Loss of Balance	Drooling, Difficulty Swallowing	Spasm/tic	Loss of Dexterity
FAINTING/SEIZURE, No <input type="checkbox"/>	Faint	Seizure			
HEAD INJURY, No problems <input type="checkbox"/>	Concussion	Concussion w loss of consciousness			
MIGRAINE, No problems <input type="checkbox"/>	Infrequent Migraine	Frequent Migraine	Associated Visual Change	Associated Confusion	Associated Weakness
AUTOIMMUNE, No <input type="checkbox"/>	Lupus	Rheumatoid	Myasthenia	Transplant	
INFECTIOUS, No problems <input type="checkbox"/>	HIV	MRSA	Hepatitis A, B, C	Meningitis	Shingles
WALKING, No problems <input type="checkbox"/>	Slow Walking	Falling	Walking Aids	Prosthesis	

TEXAS NEUROLOGY

6301 GASTON AVE, SUITE 100, WEST TOWER, DALLAS, TEXAS 75214
PHONE 214-827-3610 FAX 214-821-4017

TO TEXAS NEUROLOGY FROM THE NORTH

Highway 75 (Central Expressway)

1. Travel south on Highway 75 (North Central Expressway)
2. Exit Mockingbird and turn left (eastbound)
3. Take Mockingbird to Skillman, turn right on Skillman
4. Take Skillman to Oram turn left on Oram, go to 1st stop sign
5. Turn right into parking lot after stop sign.

North Dallas Tollway

1. Take the tollway south, through the toll plazas and continue to downtown.
2. Take Pearl St. exit (left) and follow Pearl St. through downtown for 6 traffic lights until you reach Pacific. Turn left (under Central Expressway).
3. Pacific Street will change into Gaston Ave. After you go under the expressway.
4. Continue down Gaston approximately 2.5 miles to Paulus Ave.
5. Turn left on Paulus, go through one light (La Vista Dr.) turn right into parking lot.

Interstate 35 Stemmons Freeway

1. Travel South on Interstate 35 to the downtown interchange.
2. Follow signs for I30 East Texarkana. Proceed to merge right.
3. Continue east until you come to the Munger Blvd. exit.
4. Exit Munger Blvd. and turn left.
5. Take Munger to Gaston Ave, turn right onto Gaston.
6. Take Gaston to Paulus, turn left. Go through one light (LaVista Dr.) turn right into parking lot.

TO TEXAS NEUROLOGY FROM THE WEST

(I 30) Arlington, Grand Prairie, Mid-Cities and Fort Worth

1. Take I30 East Texarkana.
2. Take the Munger Blvd. exit and turn left.
3. Take Munger Blvd to Gaston Ave. and turn right onto Gaston.
4. Take Gaston to Paulus Ave. and turn left on Paulus.
5. Go through one light (LaVista Dr.), turn right into parking lot.

Highway 114 (DFW Airport Using the North Exit)

1. Travel East down Hwy 114 to the intersection of 183.
2. Take 183 east, then go South on Interstate 35.
3. Proceed onto 75/45 following the Houston signs until you reach 75 North and 75 South directional signs. Exit onto 75 North.
4. Take 75 North to the Haskell exit, turn right onto Haskell.
5. Follow Haskell to Gaston Ave. turn left on Gaston.
Take this approx. 2 miles to Paulus Ave.
6. Turn left onto Paulus.
7. Go through one light (LaVista Dr.), turn right into parking lot.

TO TEXAS NEUROLOGY FROM THE SOUTH

Interstate 35

1. Take 35 North to the downtown interchange and exit I30 East Texarkana. Proceed to merge right (eastbound).
2. Continue east, exit Munger Blvd. and turn left.
3. Take Munger to Gaston Ave. and turn right.
4. Take Gaston to Paulus Ave. and turn left.
5. Go through one light (LaVista Dr.), turn right into parking lot.

Interstate 20

1. Take I20 East to 67 North.
2. Take 35 North to the downtown interchange and exit I30 East Texarkana. Proceed eastbound
3. Exit Munger Blvd., turn left.
4. Take Munger Blvd. to Gaston Ave. Turn right onto Gaston.
5. Take Gaston to Paulus Ave., turn left.
6. Go through one light (LaVista Dr.), turn right into parking lot.

TO TEXAS NEUROLOGY FROM THE EAST

(I30 East / US 80 East)

1. Take I30 West, exit Munger Blvd. and turn right.
2. Take Munger to Gaston Ave. turn right onto Gaston.
3. Take Gaston to Paulus Ave. turn left onto Paulus.
4. Go through one light (La Vista), turn right into parking lot.

(Street Directions)

1. Take Buckner Blvd. north, turn left onto Garland Rd.
2. Follow to Gaston Ave. (merge right).
3. Continue on Gaston, pass the Abrams Rd. intersection turn right onto Paulus Ave.
4. Go through one light (LaVista Dr.), turn right into parking lot.

To Texas Neurology from 635 West /LBJ Freeway

1. Take 635 West, exit Abrams Road, turn right.
2. Take Abrams to Gaston Ave., turn right.
3. Take Gaston to Paulus Ave., turn right.
4. Go through one light (LaVista Dr.), turn right into parking lot.

To Texas Neurology from 635 East/LBJ Freeway

1. Take 635 East, exit Abrams Road, turn left.
2. Take Abrams to Gaston Ave, turn right.
3. Take Gaston to Paulus Ave., turn right.
4. Go through one light (LaVista Dr.), turn right into parking lot.

Interstate 45 (Ennis)

1. Travel north following Sherman signs.
2. Take I30 East Texarkana.
3. Exit Munger Blvd and turn left.
4. Take Munger to Gaston Ave and turn right onto Gaston.
5. Take Gaston to Paulus turn left on Paulus.
6. Go through one light (LaVista Dr.), turn right into parking lot.

Access to parking is off Paulus Avenue and Alderson Street next to the Wells Fargo Bank Building.
Texas Neurology is located in the WEST TOWER on the 1st FLOOR.