



## Patient Application For Admission

As you read through and fill out these questions, please understand this is an application to Dr. Yelling's Non-Surgical Pain Relief Program. This is NOT a guarantee of acceptance. Dr. Yelling and his team will be assessing your case and analyzing it for several criteria which he will review with you. This program is only for patients with severe or chronic back or neck pain, herniated discs, bulging discs, degenerated discs, spinal stenosis, sciatica joint pain or neuropathy. Dr. Yelling **ONLY** works with patients who are tired of, or who don't want to take medications for their pain, those who want an alternative to invasive surgeries, or have had failed surgeries. If you are not serious about finding a solution to your problem, please be respectful of his time and he will do the same for you.

Today's Date \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Gender M F  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Best Place To reach You (circle one) Cell / Home / Work Email address: \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employ \_\_\_\_\_  
Marital Status S M W D Spouses Name \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Is this injury related to an auto or work accident? Y /N

I (signature) \_\_\_\_\_ consent to allow Dr. Yelling and his team to speak with me and perform an examination (if necessary) in order to determine if I am a good candidate for treatment and to determine if he is willing to accept my case. It is also my understanding the initial screening is at no charge.

How Did You Hear About Restore Integrated Medical? \_\_\_\_\_  
How Serious Do You Think Your Problem Is? \_\_\_\_\_  
In Reference To Severity How Would You Rate it On A Scale of 0-10 \_\_\_\_\_

What Is The Reason For Prompting Your Request For A Consultation With Dr. Yelling?  
\_\_\_\_\_

How Do You View Your Problem (circle one) MINIMAL (Annoying but causing NO limitations)  
SLIGHT (Tolerable but causing a little limitation)  
MODERATE (Sometimes tolerable but definitely causing limitations)  
SEVERE (Causing Significant limitations)  
EXTREME (Causing near constant (>80% of the time) limitations)

1. In spite of the fact that you are not a pain specialist, you are in fact the person who knows more about your case than anyone else. In your own words and in your own opinion what do you think the real problem is?  
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2. What are you hoping happens today as a result of Dr. Yelling spending time with you today?  
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3. Since your symptoms became this severe what three things has it caused you to miss the most?

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4. How long have you been like this?

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5. What actions or activities do you have trouble with or have limitations in?

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6. What changes/modifications have you had to make and how has your lifestyle changed from your condition?

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→ What kinds of treatments have you received for this problem?

Surgeries: Y / N Type: \_\_\_\_\_ How Many \_\_\_\_\_ Approx Date \_\_\_\_\_  
Injections: Y / N Type: \_\_\_\_\_ How Many \_\_\_\_\_ Approx Date \_\_\_\_\_  
Drugs/Pharmaceuticals: Y / N Type: \_\_\_\_\_ How Long \_\_\_\_\_ Approx Date \_\_\_\_\_  
Physical Therapy: Y / N How Long \_\_\_\_\_ Approx Date \_\_\_\_\_  
Chiropractic: Y/N How Long \_\_\_\_\_ Approx Date: \_\_\_\_\_ Other: \_\_\_\_\_

→ How did these previous treatments work out for you?

- a. Bad results      b. Some results      c. Great results      d. Nothing changed  
e. Did not get worse      f. Did not work very long      g. Still trying      h. Confused

→ How have others been affected by your condition?

- a. No one is affected      b. They haven't noticed any problem      c. They tell me to do something      d. People avoid me

→ How has your health condition affected your job, relationships, finances, family or other activities?

Please give examples:

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→ What has that cost you? (time, money, happiness, freedom, sleep, promotion, etc.)

Give 3 examples:

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→ What are you most concerned with regarding your problem?

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→ Where do you picture yourself being in the next 1-3 years if this problem is not taken care of?

Please be specific:

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