



Welcome to OrthoNeuro

Martin T. Taylor, DO, PHD



Your appointment is for a neurologic consultation with Dr. Martin Taylor. He is board certified in both Neurology and Headache Medicine. His residency training in neurology was completed at the University of Rochester in Rochester, New York. He is originally from Texas and earned his medical degree from the University of North Texas Health Science Center in Fort Worth. He also holds a Ph.D. in Biomedical Science from the same institution.

A neurologist is a fully licensed physician (D.O. or M.D.) with special training in disorders of the nervous system including the brain, spinal cord, and peripheral nerves. Neurologists do not perform surgery but they work closely with neurosurgeons and orthopedic surgeons in cases that require a surgical consultation. As a general neurologist, Dr. Taylor diagnoses and/or treats all of the conditions listed on the back of this letter. His special interests and areas of expertise are listed below.



Botulinum Toxin Therapy (Botox/Dysport/Myobloc/Xeomin)

Dr. Taylor has extensive training and experience in the use of Botulinum toxin to treat multiple medical conditions. These medications can be used to treat many conditions of muscle dysfunction. Botulinum toxin is used to treat conditions such as neck and back pain, headaches/migraines, dystonia/torticollis, facial spasm, spasticity associated with stroke, cerebral palsy or multiple sclerosis, hyperhidrosis (excessive sweating) and jaw pain. He also trains other physicians throughout Ohio and the nation on the proper use of this treatment.



Non-Surgical Treatment of Neck, Head and Neuropathic Pain

Multiple minimally invasive techniques are used along with medications to reduce symptoms of pain and to improve quality of life and sleep patterns, which are commonly disrupted in chronic pain. Treatments include the use of physical therapy, counseling/ biofeedback, muscle injections such as trigger point injections or Botulinum Toxin, nerve block or spinal electrical stimulation as appropriate. Narcotic medications are used in select patients for occasional use only. Dr. Taylor is the author of the Johns Hopkins Press Health Book, My Neck Hurts! Nonsurgical Treatments for Neck and Upper Back Pain.

Please feel free to ask for more information regarding these services and treatments for yourself or for family/friends.

For every

Motion in life.



What is Our Philosophy of Care?

We are dedicated to providing the highest quality of neurological care. We pride ourselves on being up to date on the latest developments in diagnostic testing, treatments and techniques for neurological conditions. Our knowledge is passed on to our patients through educational discussions and various reading materials. It is very important that our patients understand their neurological diagnosis and that they feel comfortable with the treatment plan. We encourage questions during your visit or at any time a concern may arise.

As osteopathic physicians, we believe in the body's innate ability to heal itself. We realize that our role is to facilitate this process. The patient's role in maintaining or restoring health is pivotal. This participation may involve such things as discontinuing the use of tobacco products, altering dietary habits, exercising and maintaining awareness of your body symptoms or simply taking medications as directed on a regular basis. Therapeutic decisions are made through a mutual agreement between the patient and physician. Based on their individual needs, patients may be referred for testing or for consultation with other physicians or health care professionals. Neurological conditions frequently require working with specialists in areas such as physical therapy, health psychology and sleep medicine. Our practice encourages patients to work toward achieving wellness utilizing the best that both drug and non-pharmacologic treatment can offer through a multidisciplinary approach.

The physicians and staff realize that the patient is not the only one affected by illness. Often the entire family is affected and needs to be involved in maximizing the patient's health. Family members are encouraged to attend office visits and ask questions. As appropriate, we will put you in touch with support groups and other organizations to help you live with and understand your illness.

What Conditions are Diagnosed and Treated by a Neurologist?

- ALS (Lou Gehrig's Disease)
- Balance Problems
- Bell's Palsy
- Brain Tumors
- Carpal Tunnel Syndrome
- Cerebral Palsy
- Dementia (i.e. Alzheimer's Disease)
- Dizziness
- Guillan-Barre Syndrome
- Head Trauma
- Hydrocephalus
- Movement Disorders
 - Dystonia
 - Huntington's Disease
 - Parkinson's Disease
 - Tourette's Syndrome/Tics
 - Torticollis
 - Tremor
 - Writer's Cramp
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Myopathy (muscle weakness)
- Neuropathy (disease of the peripheral nerves)
- Numbness/Tingling
- Pain Syndromes
 - Back pain
 - Headache
 - Migraine
 - Neck pain
 - Neuropathic Pain
 - Trigeminal Neuralgia
- Pseudotumor Cerebri
- Radiculopathy (pinched nerve in the neck or back)
- Restless Legs Syndrome
- Seizures/Epilepsy
- Sleep Disorders
- Stroke
- Spasticity
- Syncope (passing out spells)
- TIA (Transient Ischemic Attack)
- Transverse Myelitis

Name _____

Date _____

Review of Systems Continued

Yes

No

- Any pain in your abdomen? _____
- Do you have nausea or vomiting? _____
- Do you suffer from constipation or diarrhea? _____
- Do you have burning or pain on urination? _____
- Do you urinate frequently? _____
- Do you have sexual dysfunction? _____
- Do you have weakness in the arms or legs? _____
- Do you have tingling/numbness of the arms or legs? _____
- Do you suffer from headaches or facial pain? _____
- Do you suffer from neck or back pain? _____
- Do you have joint pain or swelling? _____
- Do you often feel depressed? _____
- Do you often feel anxious or nervous? _____
- Do you have problems falling or staying asleep? _____
- Do you have problems with your memory? _____

(Physician Comments)

Past Medical History

Do you suffer from any of the following conditions?

- | | | |
|---------------------------|------------------------|------------------------|
| _____ High blood pressure | _____ High cholesterol | _____ Cancer |
| _____ Diabetes | _____ Stroke | _____ Heart disease |
| _____ Depression | _____ Thyroid disease | _____ Blood clots |
| _____ Anxiety | _____ Arthritis | _____ Ulcers/GI reflux |
| _____ Migraines | _____ Seizure | _____ Lung Disease |

Please list any other medical conditions.

If you are a women age 65 or older...

Have you been screened (DXA scan) for osteoporosis since you turned 60 years old? Y N

If yes, what was the result of the testing? _____

Have you been prescribed medication to prevent or treat osteoporosis? Y N

If yes, what medication are you taking? _____

Family History

Please comment on any close relatives with the following illnesses.

Include which side of the family (i.e.. Mother's Brother, Father's Mother)

<u>Condition</u>	<u>Relation</u>	<u>Condition</u>	<u>Relation</u>
_____ Headaches	_____	_____ Cerebral aneurysm	_____
_____ Stroke	_____	_____ Cancer	_____
_____ High Blood Pressure	_____	_____ Diabetes	_____
_____ Lung Disease	_____	_____ Seizures	_____
_____ Depression	_____	_____ Anxiety	_____
_____ Blood Clots	_____	_____ High Cholesterol	_____
_____ Arthritis	_____	_____ Other	_____
_____ Other	_____	_____ Other	_____

Name _____

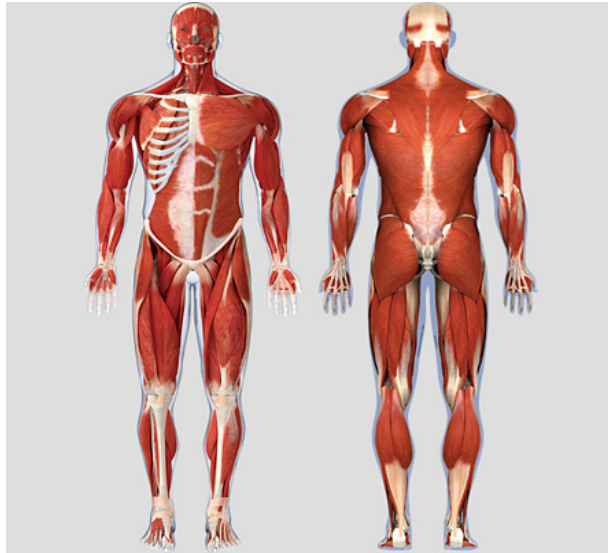
Date _____

General Exam

Blood Pressure:

Supine _____
Sitting _____
Standing _____

Pulse _____ RR _____
Pulse _____
Pulse _____



Carotids: _____ Heart: _____ Extremities: _____

Neurologic Exam

Mental status:

Alert/Oriented _____
Naming _____
MMSE _____ /30

Follows simple/complex commands _____
Language _____

Cranial Nerves:

Motor:

Sensory:

Reflexes:

Coordination:

Gait:

Impression/Plan

AUTHORIZATIONS

Section 1: Financial Policy

I have reviewed OrthoNeuro's Financial Policy and Authorizations (collectively, the "Financial Policy"), hereby acknowledge my responsibilities set forth in the Financial Policy, and hereby make the authorizations set forth in the Financial Policy. Please initial: _____

Section 2: Appointment of Personal Representative to Receive Protected Health Information

You may rely upon your spouse, relatives or friends to be involved in your medical care. OrthoNeuro can Disclose your Protected Health Information to these people if you appoint them as your "personal representatives." To appoint an individual as your personal representative, complete this section:

I hereby appoint the following individual as my personal representative:

Name: _____ **Relationship to me:** _____

I hereby authorize OrthoNeuro to Disclose the following Protected Health Information to my personal representative:

All Protected Health Information

OR One or more of these choices:

Times of Appointments

Test Results

Prescriptions & Ancillary Equipment

Copies of Medical Records

Other _____

I may revoke my appointment of a personal representative at any time in writing. I understand that revocation of my appointment will NOT affect any action OrthoNeuro took in reliance on my appointment before it received written notice of my revocation. **Please initial:** _____

Section 3: Receipt of Notice of Privacy Practices

I hereby acknowledge receiving a copy of OrthoNeuro's Notice of Privacy Practices that outlines my privacy rights and explains how OrthoNeuro is permitted to Use and Disclose my Protected Health Information. I should call OrthoNeuro's Privacy Officer at (614) 890-6555 if I have a question or concern about my privacy rights. **Please initial:** _____

Section 4: Patient Information

Race: _____ Ethnicity: _____ Date of Birth: _____

Language: _____ Social Security Number: _____

Emergency Contact: _____ Phone Number: _____

By signing below, I am acknowledging that I have read and understand this form.

Patient Name (please print)

Patient Signature

Date

If applicable, Parent/Guardian Name
(Please Print)

If applicable, Parent/Guardian Signature

Date