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PAIN CONSULTANTS & INTERV	VENTION- EDWARD POON, MD									
3860 Masthead Street N.E., Albuquerque, NM 87109										
	TODAY'S DATE									
Have you had involuntary loss of howel or bladder control?	TYes No									

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Index you had any of the following tests for this pain problem? Ordering Doctor Date Facility Please list any injections that you've had for this pain problem: Please list ALL surgeries that you've had: Injection Doctor Date View Doctor Date View Doctor Date View Surgery Surgeon Date Other describe: Order instructions Please list ALL surgeries that you've had: Other describe: Prese Please check any of the following that you have and put the date diagnosed: (Do your parents have these diagnoses/illness? + or -) Head Attack Date: (Parents: Orderents: Orderents: Please Stroke Date: (Parents: Orderents: Orderents: Orderents: Orderents: Orderents: Blood Clos Date: (Parents: Order Asthma Date: Parents: Orderents:	Studies	Do y	ou experience a se describe any	any weakn	ness v	with your p	ain?			□ Y □ Y n your	es 🗆 No	s (e.ç	g. walki	ng, sle	eping, appeti	te, chores, etc.):	
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inappropriate gifts): \Box Yes \Box No \Box Don't know paying bills or tax): \Box Yes \Box No \Box Don't know																	,
Repeats questions, stories, or statements: Trouble learning to use a tool, appliance, gadget:		Repe	eats questions, s	stories, or													
□ Yes □ No □ Don't know □ Yes □ No □ Don't know			□ Yes □ No □ Don't know							□ Yes □ No □ Don't know							
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