



Pain & Stress Center

17579 Frank Madla Rd. #1, Helotes, TX 78023

Phone (210) 614-7246 FAX (210) 614-4336 Email mailpsctr@sbcglobal.net

Diagnostic Tests

We offer various diagnostic tests to enable you the benefit of knowing your nutritional status. Identifying nutritional deficits and disorders allows you to effectively pursue your healthcare goals and needs.

The price of the tests includes test kit, shipping, lab analysis, and in some cases a written interpretation of the results along with a protocol of amino acids and supplements to use based on your particular needs by a nutritional consultant. Some tests will provide analysis without professional interpretation. Several of the tests are pre-set and cannot be individualized, but we can add individual tests to a panel at a reduced rate.

The kit is sent to you directly from Genova Diagnostics Lab in High Point, NC. Directions in the kit are very straight-forward, easy to understand. Your kit comes with a FedEx prepaid expedited lab jet pack designed to carry medical collection. The specimen must be returned back to Genova Diagnostics (not Pain & Stress Center) next day; so arrange to provide the specimen Sunday through Thursday, since the lab is not open on weekends.

The urine, saliva, blood spot, buccal rinse, stool, and hair specimens can be easily acquired by you in your home, whereas the serum and blood draw requires a trip to a doctor's office or lab. The kit comes with a lab slip should you opt for the blood test. Any draw fees or processing fee through the doctor's office or lab are your responsibility.

We will arrange for delivery of your kit once you have provided payment to the Pain Stress Center. We accept AMEX, Visa, MasterCard, Discover (or check or money order in advance). Checks are subject to a 5-day hold before a kit is sent to you. You will receive a receipt from Pain & Stress Center showing proof of payment along with a Nutritional Consult/New Patient Form regarding your health and symptoms. Or you can download, the form and print, fill out and fax or mail to the Pain & Stress Center. Complete all pages of the questionnaire and provide any additional information you feel may help in determining a complete regimen for you.

We receive two copies of your diagnostic test results back in our office 14-21 days after you've sent the specimen to Genova Lab. We will evaluate the results and set up a written program for you to follow. Items we recommend can be purchased through Pain & Stress Center. Once interpreted and formatted you will receive a copy of recommendations along with a copy of your test results by USPS. If your particular test does not require interpretation, we will forward just the test results directly to you.

If you have questions about your results you can call Linda Volpenhein, C.N.C. at (210) 614-7246 to discuss your results. Should your concerns be lengthy you will be required to schedule a consultation at \$70.00 an hour or \$40.00 for thirty minutes.

Please note: Tests are not available in New York state or foreign countries.



Pain & Stress Center

17579 Frank Madla Rd. #1, Helotes, TX 78023

Phone (210) 614-7246 FAX (210) 614-4336 Email mailpsctr@sbcglobal.net

**ALL INFORMATION MUST BE COMPLETED BEFORE RESULTS CAN BE EVALUATED.
PLEASE TYPE OR PRINT. DO NOT USE PENCIL.**

PATIENT NAME _____ WEIGHT _____ AGE _____

STREET ADDRESS _____ CITY AND STATE _____ ZIP CODE _____ HOME PHONE # _____

RESPONSIBLE PARTY IF MINOR _____ ADDRESS/CITY/STATE/ZIP _____ HOME PHONE # _____

HOW DID YOU HEAR ABOUT US? _____

PRESCRIPTION MEDICATIONS/DOSAGES TAKEN REGULARLY

WHAT TYPE OF WORK DO YOU DO? _____

HAVE YOU EVER BEEN DIAGNOSED WITH: ___post-traumatic stress disorder ___depression
___anxiety ___chronic pain ___fibromyalgia ___panic attacks ___hyperventilation

HAVE YOU EVER BEEN IN THE MILITARY? ___no ___yes YEAR _____

HAVE YOU EVER USED RECREATIONAL DRUGS? ___yes ___no

ALCOHOL FREQUENCY ___daily ___weekly ___for stress ___for pain

Major problem or concern you feel your Diagnostic Test will address:

Please explain:

ARE YOU PRESENTLY ON A DAILY NUTRITIONAL SUPPORT PROGRAM? yes no

IF SO, PLEASE LIST THOSE TAKEN DAILY (milligrams and dosages): _____

DOES THIS STATEMENT APPLY TO YOU: I continually use prescription medications, digitalis or hormone replacement therapy like estrogen. yes no

IS YOUR GOAL TO STOP TAKING PRESCRIPTION PSCHIATRIC DRUGS? yes no

DO YOU EXPERIENCE MUSCLE STIFFNESS, SORENESS AND TENSION, ESPECIALLY IN THE NECK, AND ACROSS THE SHOULDERS AND BACK? _____

WHAT WAS YOUR DIAGNOSIS? _____

HOW LONG AGO? _____ DIAGNOSED BY: _____

DO YOU HAVE ANY MAJOR HEALTH PROBLEMS? yes no

IF SO, PLEASE EXPLAIN:

1. Are you menopausal? yes no Are you perimenopausal? yes no
2. Are you taking DHEA? yes no If so, what dose? _____mg When do you take it? AM Noon PM
3. Do you take pregnenolone? yes no If so, what dose? _____mg When do you take? AM Noon PM
4. Do you have skin problems? yes no
5. Do you get sick easily? yes no
6. Do your children have the same symptoms? yes no

I hereby consent to orthomolecular/nutritional therapy by a nutritional consultant at the Pain & Stress Center. I understand that the diagnostic test I've chosen is NOT reimbursable by Medicare. I understand that if the test results reflect a medical problem I will be asked to follow up with my primary physician and send a copy of necessary test results to The Pain & Stress Center.

Note: If patient is a minor, a parent or guardian must sign this paperwork.

SIGNATURE

DATE