



9169 River Road
 Marcy, New York 13403
 Phone: 315-768-8502
 Fax: 315-768-4807
 www.ALSUtica.org

Located in the Office of Advanced Tool Inc.

Patient Registration

Name of ALS Patient:		Today's Date:	
Address:			
Phone:		Email:	
Date of Birth:	Marital Status:		Date of ALS Diagnosis:
Physician who diagnosed ALS: (Please enclose copy of diagnosis from doctor)		Address: Phone:	
Primary Physician:		Address: Phone:	
Medications:			
Primary Insurance: Policy Number		Secondary Insurance: Policy Number	
Emergency Contact:		Address: Phone: Cell Phone: Email Address:	
Relationship to Patient:			
Primary Contact Person: If other than Patient		Address: Phone: Cell Phone: Email Address:	
Relationship to Patient:			
Current Physical Limitations (if any):			
Has any other family members ever been diagnosed with a Neuro-degenerative Condition:			

Please select the appropriate option below.

- This information may be shared with the ALS Community.
- Please keep my information confidential and for research purposes only.

 Signature



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Activities of Daily Living

Independent	Assistance	Total Asst
Who Assists:		Frequency of Assist:
Home Care Agency Involved:		Contact: Phone:
Home Care Agency Involved:		Contact: Phone:
Home Care Agency Involved:		Contact: Phone:
Referrals Needed:		

Environment

Home Type:	
Stairs into home: Stairs within home:	Bedrooms: Bathrooms:

	Yes	No	Equipment Needed
Walking			
Dressing			
Eating			
Showering			
Toileting			



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Do you use a cane?			
Do you use a walker?			
Do you use a wheelchair?			
Are you able to transfer? (from chair or bed to standing)			
Do you cook for yourself/feed yourself?			
Do you perform household duties?			
Do you drive yourself?			
Do you often fall?			
Do you lose your balance often?			
Do you have pain?			
Do you have difficulty speaking?			
Do you have difficulty swallowing?			

Equipment

	Have:	Need:
Ramp		
Cane		
Walker		
Wheelchair		



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Shower Chair		
Commode		
Shower Chair		
Lift Chair		
Hospital Bed		
Other		

Financial

Financial Status / Concerns:	
Attorney Involved:	Contact: Phone: