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- CLINICAL SPECIALTIES
- OFFICE LOCATIONS
- MIDWEST IMAGING CENTER
- PATIENT FORMS, POLICIES & PROCEDURES
- PATIENT EDUCATION
- MIDWEST NEUROSCIENCE FOUNDATION
- LINKS
- CONTACT US



MIDWEST NEUROSURGERY & SPINE

Adult & Pediatric SPECIALISTS



PATIENT EDUCATION - Click to view our library of clinical information & animations.

5 Farnam Dr., Suite 305, Omaha NE 68114 • 402-398-9243

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www.MidwestNeuroSurgery.com



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HOME ABOUT US

LOGIN HOME

New Patient Portal Registration

New Patient Portal Registration

Login

User ID or Email

Password

Log in

I forgot my password.

Online Patient Forms

New Patient Questionnaire

Administrative

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Midwest NeuroSurgery & Spine Specialists

Welcome to the **Midwest NeuroSurgery & Spine Specialists**. Midwest NeuroSurgery & Spine Specialists is the premier neurosurgical group in the region specializing in surgical treatment of the Spine & Brain in both Adults & Pediatrics. Office locations throughout the Omaha-Council Bluffs metro as well as multiple community-based clinics in Eastern Nebraska & Western Iowa allow easy access to a sub-specialist in Spine & Brain surgery. For details on office locations & community-based clinics, please visit our website @ www.MidwestNeuroSurgery.com. Listed below are some of the Areas of Focus for Midwest NeuroSurgery & Spine Specialists.

Spine Surgery

- Instrumentation / Fusion of Cervical , Thoracic and Lumbar Spine, including Cranio-cervical junction
- Decompression / Laminectomy of the Cervical, Thoracic, and Lumbar Spine
- Microdiscectomy of Cervical, Thoracic and Lumbar Spine
- Artificial Disc Surgery for Cervical Spine
- Spinal Tumor surgery
- Trauma
- Compression Fractures of the Spine
 - *Vertebroplasty
 - *Kyphoplasty

Brain Surgery

OUR COMPANY AND ITS AFFILIATES, SUPPLIERS, AND OTHER THIRD PARTIES NEITHER RESPONSIBLE NOR LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, EXEMPLARY, PUNITIVE, OR OTHER DAMAGES (INCLUDING, WITHOUT LIMITATION, PROFITS, LOST DATA, OR BUSINESS INTERRUPTION) ARISING OUT OF OR RELATED TO THE USE OF OUR SERVICES AND PRODUCTS, CONTENT OR INFORMATION CONTAINED ON OR THROUGH THIS WEBSITE, WHETHER BASED ON WARRANTY, CONTRACT, TORT, OR OTHERWISE, AND/OR HYPERLINKED WEB SITES, WHETHER ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. YOUR USE OF THIS WEBSITE, SITE-RELATED SERVICES, AND/OR HYPERLINKED WEB SITES IS AT YOUR OWN RISK. APPLICABLE LAW MAY NOT ALLOW THE EXCLUSION OR LIMITATION OF CONSEQUENTIAL DAMAGES, SO THE ABOVE LIMITATION OR EXCLUSION MAY NOT APPLY TO YOU.

Select

I accept

I do NOT accept

Select

Create a New Account

In order to make full use of our online services, you will need to create an account and verify the account with the clinic, or request to become a new patient.

Please use the form below to create your account. Once your account is created, you will proceed with the registration process.

Account Information

User ID: Must be 5 to 256 characters, only letters, numbers, or '@-_' allowed.

First Name:

Last Name:

Email Address: Type a personal, non-work email address to ensure that no personal health information ever arrives at this email address.

Alternate Notification Email: New message notifications will be sent to this email instead of the email above.

Password Information

Passwords must contain a combination of letters and numbers, and be between 6 and 15 characters long.

New password:

Re-enter password:

Please select two hint questions that will be used in case you forget your password.

Hint question #1:

What is your mother's maiden name?

Hint answer #1: Minimum four character answer required

Hint question #2:

What is your favorite pet's name?

Hint answer #2: Minimum four character answer required

Notification Options

Newsletter:

Receive Newsletter

Patient Verification

You have successfully created a new website account. You are now logged in.

In order to access restricted parts of the website, you will need to provide us some additional information so that we can verify your identity.

Please answer the following question:

Select

- I have an appointment or have been seen here by a physician before.
- I have not been seen here before.
- I do not wish to verify my identity right now, please take me back to the homepage.

If you don't want to verify your identity right now, you can return to this page by clicking the "Verify My Identity" link near the top of the screen, or by visiting a page that contains restricted content.

Select

[Next >](#)

Identity Verification

To protect your privacy, we need to verify your identity by matching your personal information with the information stored in our records.

Disclaimer

The information on this Web site is provided as a service by our clinic. While we try to keep the information as accurate as possible, we disclaim any implied or stated warranty or representation about its accuracy, completeness, content or appropriateness for a particular purpose.

Personal Identification Information

PIN

First Name

Last Name

PIN # on Portal Instruction Letter

Select

Verify



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HOME

ABOUT US

LOGIN HOME

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New Patient Questionnaire

Administrative

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MWNS - New Patient

Enter the Reason for Your Visit

Please select the reason for your visit from the list below.

New Patient

Select

Select

Next

HOME

ABOUT US

LOGOUT HOME

Online Patient Forms

New Patient Questionnaire

Administrative

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MWNS - New Patient

If you believe this is an emergency, call the OFFICE IMMEDIATELY or go IMMEDIATELY to the Emergency Room. Symptoms such as chest pain, chest pressure, shortness of breath, or blood loss may require immediate medical attention.

Through this questionnaire, you will be asked a series of questions that capture your medical history and describe the symptoms of your present illness.

When you finish, you will see a summary of your symptoms. Answer as accurately as you are able. Your answers will be reviewed by your health care provider prior to your visit.

Click Next to begin.

Select

Next

LOGOUT HOME

HOME

ABOUT US

Online Patient Forms

New Patient Questionnaire

Administrative

Click here to edit your personal information.

MWNS - New Patient

Please answer the following question.

Did you ever have complications or problems with any type of anesthesia?

Yes

No

Skip this question

Online Patient Forms

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MWNS - New Patient

Interview Report

Apr 25, 2011 4:19 PM

Chief Complaint

Jeff Tester is a 23 year old male. His reason for visit is "Midwest Neurosurgery Intake".

History of Present Illness

#1

He reported: Jaundice associated with history of blood transfusion. Anemia.

Location

He reported: Tingling, burning, or numbness in lower extremity. Facial weakness.

Quality

He reported: Trouble balancing. Fainting spells. Headaches. Change in smell. Forgetfulness.

Associated Signs and Symptoms

He reported: Double vision. Confusion.

Past, Family, and Social History

He denied: Malignant hyperthermia.

Past Medical History

History of: Pneumonia. Presently has a problem with heart murmur. Depression. Epilepsy. Stomach ulcer. Kidney disease. Skin cancer. Tuberculosis. Diabetes mellitus. Thyroid disease. Heart disease. Asthma. Glaucoma. Hepatitis. Blood clot in the lungs. Stroke. High blood pressure. Heart fluttered or skipped a beat. High cholesterol. Bronchitis. Skin disease. Recurrent urinary tract infections. Broken bone. Anxiety disorder. HIV.

Surgical History

History of: Anesthesia complication.

Social History

History of: Marital status single. Lives alone. Lives with spouse or partner. No living children.

Eye

He reported: Cataracts.

Ear, Nose, and Throat

He reported: Hearing loss. Ringing or buzzing in the ears. Sinus problems. Cold, sore throat or sinus trouble. Sores or blisters around mouth, lips, or gums.

Respiratory

He reported: Presently has a problem with emphysema. Shortness of breath. Chronic cough.

Gastrointestinal

He reported: Heartburn or indigestion. Stomach pain worse 1-3 hours after eating. Nausea or vomiting. Stomach aches often.

Genitourinary

He reported: Presently has a problem with leaking urine. Change in urinary habits.

Endocrine

He reported: Excessive thirst.

Musculoskeletal

He reported: Swelling. First consult for back pain. Weakness. Neck hurts. Joint pains.

He denied: Arthritis.

Neurological

He reported: Trouble with coordination.

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