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Neurology P.A.

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Name: Age: Date of Birth: MM DD YYYY

Primary Care Physician: Referred by Dr.:

My main symptom/problem is:

I Have Been Diagnosed With:

☐ Arthritis	☐ Depression	☐ Kidney Disease	☐ Parkinson's
☐ Atrial Fibrillation	☐ Diabetes	☐ Liver Disease	☐ Seizures
☐ Back Problems	☐ Head Injury	☐ Migraines	☐ Stroke/TIA
☐ Cancer	☐ Heart Disease	☐ Multiple Sclerosis	☐ Thyroid Disease
☐ Convulsions	☐ High Cholesterol	☐ Myasthenia Gravis	☐ Muscle Disease
☐ Dementia	☐ Hypertension	☐ Neuropathy	☐ Vascular Disease Seizures

List any significant medical history:

The surgeries that I have had are:

Social History:

Do you smoke? No ◯ Yes ◯ Packs/day: Quit in: Other Tobacco Use? No ◯ Yes ◯

Do you drink alcohol? No ◯ Yes ◯ How often: Quit in:

Do you use illicit drugs? No ◯ Yes ◯ How often: Quit in:

Do you drink caffeinated beverages? No ◯ Yes ◯ Drinks/day:

Occupation

Family History: *Please list all relatives with significant medical history.*

Relative	Alive	List Cause of Death	Age at Death	Medical History
Mother				
Father				

Brothers and Sisters: Number Alive Deceased

Children: Number Alive Deceased

Other family members with significant medical history:

I am taking the following medications:
Please bring all prescriptions and over the counter medication you are taking in the original bottles.

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Name	Dose	Times per day	Name	Dose	Times per day

I'm allergic to:

Please List Symptoms That You Have Had Recently: *Check all that apply to you:*

Constitutional
- ☐ Chills
- ☐ Decrease appetite
- ☐ Fatigue
- ☐ Fever
- ☐ Insomnia
- ☐ Weight loss

Skin
- ☐ Hives
- ☐ Itching
- ☐ Rash
- ☐ Skin cancer
- ☐ Skin ulcers

ENT
- ☐ Hearing loss
- ☐ Ringing in the ear
- ☐ Nasal congestion
- ☐ Seasonal allergies
- ☐ Ear pain
- ☐ Nose bleeds
- ☐ Runny nose
- ☐ Change in voice
- ☐ Dizziness
- ☐ Sore throat

Eyes
- ☐ Blindness
- ☐ Blurred vision
- ☐ Diminished
- ☐ Discharge
- ☐ Eye pain
- ☐ Red eye

Respiratory
- ☐ Blood in sputum
- ☐ Cough
- ☐ Excessive sputum production
- ☐ Shortness of breath
- ☐ Wheezing

Cardiovascular
- ☐ Chest pain
- ☐ Edema
- ☐ Heart attack
- ☐ Palpitations
- ☐ Peripheral Vascular Disease
- ☐ Syncope

Gastrointestinal
- ☐ Abdominal pain
- ☐ Bloating
- ☐ Blood in stool
- ☐ Changes in speech
- ☐ Diarrhea
- ☐ Indigestion
- ☐ Irritable bowel
- ☐ Nausea
- ☐ Ulcer disease
- ☐ Vomiting
- ☐ Constipation

Genitourinary
- ☐ Blood in urine
- ☐ Urinary frequency
- ☐ Urinary urgency

Endocrinological
- ☐ Breast disease
- ☐ Diabetes
- ☐ Excessive thirst
- ☐ Hypoglycemia
- ☐ Polyuria
- ☐ Steroid use

Musculoskeletal
- ☐ Ambulatory difficulties
- ☐ Arthralgia
- ☐ Back pain
- ☐ Joint stiffness
- ☐ Muscle Pain
- ☐ Neck pain
- ☐ Swelling

Neurological
- ☐ Abnormal sensation
- ☐ Ataxia/Decreased balance
- ☐ Changes in speech
- ☐ Confusion
- ☐ Dizziness
- ☐ Memory loss
- ☐ Seizures
- ☐ Strokes dates:
- ☐ Syncope
- ☐ Weakness

Psychiatry
- ☐ Anxiety
- ☐ Delusions
- ☐ Depression
- ☐ Hallucinations
- ☐ Increased stress
- ☐ Mood swings

Hematology
- ☐ Anemia
- ☐ Easy bruising
- ☐ Increase bleeding
- ☐ Swollen glands
- ☐ Weight gain