

WESTERN NEUROLOGICAL ASSOCIATES

A MEDICAL CORPORATION

NEUROLOGY PATIENT HISTORY PART I

You have an appointment to see Dr. _____, a specialist in the practice of neurology on _____ . Please complete the questions below carefully before your scheduled appointment and bring the completed form with you.

DATE: _____

WEIGHT: _____

NAME: _____

HEIGHT: _____

AGE: _____

HANDEDNESS: R / L (circle one)

NAME OF THE PRIMARY CARE PHYSICIAN WHO SHOULD RECEIVE THE REPORT OF THIS CONSULTATION: _____.

COMPLAINT(S): List the main problem(s) for which you are seeking neurological consultation (i.e., Headache, pain, weakness, etc.)

DESCRIBE YOUR MAIN PROBLEM IN DETAIL:

Date of onset (approximate): _____

Describe symptoms in detail: _____

Please check list all **major medical problems/diseases** you have had (i.e., diabetes, hypertension, cancer, etc.)

- Hypertension
- Diabetes Mellitus
- Cancer/Where?
- Stroke
- Heart disease
- Seizures
- Headaches

- Neck Pain
- Back Pain
- Sleep disorder
- Depression/Anxiety
- Hand Pain/Numbness
- Other: _____
- _____

PLEASE FILL NEXT PAGE AS WELL!

