

date of visit: _____

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Welcome to Pacific Neuroscience Medical Group. In order to get the most out of your first visit, we ask that you to carefully complete this health questionnaire prior to your appointment. Please print neatly and remember to bring it with you to your first visit. While completely the form, you may wish to refer to tables 1, 2, and 3 on the last page.

Chief complaint and present illness

- In ten words or less, what is the reason for your appointment?

- Do you have a current diagnosis? What is it, when was it made, and who made it?

- When did your problem start?

- What were the first symptoms?

- What are your current symptoms?

- Who is your current primary care physician? Neurologist?

Name	City	Phone
_____	_____	_____

Name	City	Phone
_____	_____	_____

- How did you hear about us?

Prior tests

Please list any tests you have had, such as CT scans, MRI scans, EEG's, EMG/NCV's, LP's.

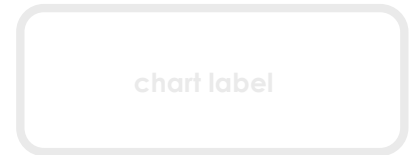
test name	test center	Phone
_____	_____	_____

test name	test center	Phone
_____	_____	_____

test name	test center	phone
_____	_____	_____

Prior treatments

What medications (see table 1) or other therapies have you tried, and what happened?



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Review of systems

If you are having difficulty in any of the following areas, please check the appropriate box(es) and elaborate in the spaces provided.

activities of daily living: difficulty with ...

- managing money
- writing
- preparing meals
- eating a meal
- walking
- showering or bathing
- applying make-up
- shaving
- brushing your teeth
- getting dressed
- brushing or combing hair
- getting out of a chair or car
- turning over in bed
- using a phone
- driving

neuropsychological

- memory loss
- confusion
- hallucinations
- delusions
- depression
- impaired speech or language
- weakness
- difficulty with balance
- "on" and "off" periods
- loss of muscle mass
- numbness or tingling
- difficulty chewing or swallowing
- excessive saliva or drooling
- incoordination
- muscle twitching, cramps or spasms
- muscle stiffness or tightness
- tremor
- other abnormal movements

general

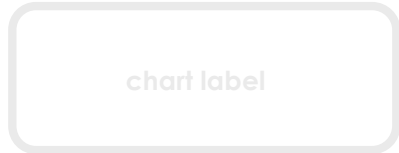
- insomnia
- excessive daytime sleepiness
- nausea, vomiting
- excessive weight loss or gain
- fevers, sweats, or chills
- loss of appetite

head, eyes, ears, nose and throat (HEENT)

- double vision
- drooping eyelids
- loss of vision
- vertigo or dizzy spells
- hearing impairment
- sore throat

cardiopulmonary (heart and lungs)

- chest pain
- palpitations
- wheezing or cough
- shortness of breath
- leg swelling
- poor circulation



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gastrointestinal

- diarrhea gas blood in the bowel movements
- constipation heartburn black or tarry bowel movements

genitourinary / sexual

- frequent urination erectile dysfunction (men)
- waking up to urinate at night breast mass or discharge (women)

orthopedic

- back pain neck pain leg pain joint pain

skin

- unusual spots on the skin rashes

Past history

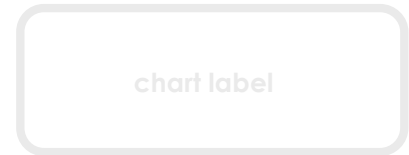
Use the space below to list any known medical conditions. Include any condition serious enough to have required hospitalization, surgery, or more than one doctor visit. Tables 2 and 3 on the last page are lists of some common medical conditions and surgical procedures.

condition		<u>dates</u>		condition		<u>dates</u>	
		began	ended			began	ended
_____				_____			
_____				_____			
_____				_____			
_____				_____			
_____				_____			

Social history

- **Education.** How far did you go in school? What did you study?

- **Employment.** What is (was) your profession? Are you working now? If not, did you stop working because of illness, or did you retire?



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- **Recreation.** What kind of things do you do for fun? Do you enjoy travel, movies, time with family, hobbies? Is there anything you used to do that you had to stop because of illness?

- **Exercise.** What do you do for exercise?

- **Living situation.** Do you live by yourself, with family, with a caregiver? Do you live in an assisted living facility or nursing home?

- **Habits.** Do you use any of the following substances? If so, indicate how much and how often.

- tobacco
 caffeine
 alcohol
 recreational drugs

Family history

If there are any conditions that "run in the family", please list these below.

- Parents
- Siblings
- Children

Medications

Please list your current medications below. Include the dose (10 mg, 200 mg, etc), number of pills, how many times a day, and the times you take each medication. You may use Table 1 (on the last page) as a guide to help you with neurological medications

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Drug reactions

Are you allergic to, or have you ever had a bad reaction to, any medications? Include the name of the medication(s) as well as the reaction(s) (e.g., rash, nausea, low blood pressure).

_____	_____	_____
_____	_____	_____
_____	_____	_____

Table 1: medications

(alphabetical by brand)		(alphabetical by generic)	
brand name	generic name	generic name	brand name
Abilify	aripiprazole	amantadine	Symmetrel
Amerge	naratriptan	aripiprazole	Abilify
Aricept	donepezil	aspirin	Ecotrin
Artane	trihexyphenidyl	benztropine	Cogentin
Botox	botulinum toxin type A	botulinum toxin type A	Botox
Clozaril	clozapine	botulinum toxin type B	Myobloc
Cogentin	benztropine	carbamazepine	Tegretol
Cognex	tacrine	carbidopa/levodopa	Sinemet
Comtan	entacapone	carbidopa/levodopa controlled release	Sinemet CR
Cymbalta	duloxetine	carbidopa/levodopa orally dissolving	Parcopa
Dilantin	phenytoin	carbidopa/levodopa/entacapone	Stalevo
Ecotrin	aspirin	clonazepam	Klonopin
Eldepryl	deprenyl, selegiline	clozapine	Clozaril
Exelon	rivastigmine	deprenyl, selegiline	Eldepryl
Florinef	fludrocortisone	diazepam	Valium
Geodon	ziprasidone	donepezil	Aricept
Imitrex	sumatriptan	duloxetine	Cymbalta
Inderal	propranolol	eletriptan	Relpax
Innopran	propranolol XR	entacapone	Comtan
Keppra	levetiracetam	fludrocortisone	Florinef
Klonopin	clonazepam	fluoxetine	Prozac
Lamictal	lamotrigine	galantamine	Razadyne
Lyrica	pregabalin	galantamine	Reminyl
Mirapex	pramipexole	lamotrigine	Lamictal
Myobloc	botulinum toxin type B	levetiracetam	Keppra
Mysoline	primidone	memantine	Namenda
Namenda	memantine	midodrine	proamatine
Parcopa	carbidopa/levodopa orally dissolving	naratriptan	Amerge
proamatine	midodrine	olanzapine	Zyprexa
Prozac	fluoxetine	oxcarbazepine	Trileptal
Razadyne	galantamine	phenytoin	Dilantin
Relpax	eletriptan	pramipexole	Mirapex
Reminyl	galantamine	pregabalin	Lyrica
Requip	ropinerole	primidone	Mysoline
Risperdal	risperidone	propranolol	Inderal
Seroquel	quetiapine	propranolol XR	Innopran
Sinemet	carbidopa/levodopa	quetiapine	Seroquel
Sinemet CR	carbidopa/levodopa controlled release	risperidone	Risperdal
Stalevo	carbidopa/levodopa/entacapone	rivastigmine	Exelon
Symmetrel	amantadine	ropinerole	Requip
Tasmar	tolcapone	sumatriptan	Imitrex
Tegretol	carbamazepine	tacrine	Cognex
Topamax	topiramate	tolcapone	Tasmar
Trileptal	oxcarbazepine	topiramate	Topamax
Valium	diazepam	trihexyphenidyl	Artane
Zyprexa	olanzapine	ziprasidone	Geodon

Table 2: selected conditions

AIDS / HIV	gallstones	mini-stroke / TIA
alcohol or drug abuse	glaucoma	myocardial infraction / MI
anemia	heart attack	peptic ulcer disease (ulcers)
asthma	heart disease	pneumonia
broken bones	heart murmur	prostate enlargement
cancer	hepatitis	seizure
cataracts	high blood pressure	stroke
concussion	hip fracture	thyroid problems
diabetes	kidney stones	tuberculosis
emphysema	major injury	valley fever
encephalitis	melanoma	venereal disease
epilepsy	menopause	yellow jaundice

Table 3: procedures

brain surgery
neck surgery
back surgery
hip replacement
knee replacement
prostate surgery
hysterectomy
tubal ligation
mastectomy
cataract surgery
hernia repair
appendectomy
tonsillectomy