

Lehigh Neurology

This is confidential information. The answers to these questions will be helpful in your neurological evaluation and future care.

Name: _____
Last First Middle Age Date of Birth

Address: _____
Street City State Zip Code

Phone: (____) _____ (____) _____ (____) _____
Home Work Cell

| Your PHYSICIANS | Name | Phone Number |
|---------------------|------|--------------|
| Referring Doctor | | |
| Primary Care Doctor | | |
| Specialist Doctor | | |

Your Pharmacy (*Important)

Name: _____ Address: _____

Phone: (____) _____ Fax: (____) _____

NEUROLOGICAL PROBLEM
(Reason for visit today)

Date of Examination

Past Medical History (Please give date of onset if it applies to you)

| | |
|------------------------------------|--|
| Disorders of the Heart | |
| Cardiac arrhythmia | |
| Myocardial infarction/heart attack | |
| Congestive heart failure | |
| Rheumatic fever | |
| Disorder of the heart valves | |

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|---------------------------------------|--|
| Vascular Disorders | |
| Hypertension | |
| Atherosclerosis | |
| Stroke/mini stroke/TIA | |
| Aneurysm | |
| Carotid blockage/injury | |
| Poor circulation legs/arms | |
| Vasculitis (inflammation of arteries) | |

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|---------------------------------|--|
| Disorders of Respiration | |
| Asthma | |
| Emphysema | |
| Bronchitis | |
| Pulmonary hypertension | |
| Pulmonary embolism | |

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|--------------------------------|--|
| Rheumatologic Disorders | |
| Osteoarthritis | |
| Rheumatoid arthritis | |
| Systemic Lupus | |
| Sjogrens Syndrome | |
| Fibromyalgia | |
| Herniated vertebral disc | |
| Gout | |

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|---------------------------------------|--|
| Kidney & Urinary Disorders | |
| Kidney failure (acute) | |
| Kidney failure (chronic) | |
| Kidney stones | |
| Urinary tract infections | |

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|--------------------------|--|
| Skin Disorders | |
| Recurrent rash | |
| Psoriasis or Eczema | |
| Genital/mouth/foot ulcer | |

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| Gastrointestinal Disorders | |
| Ulcer (stomach, mouth, rectum) | |
| Inflammatory Bowel | |
| Irritable Bowel | |
| Cirrhosis/Hepatitis Liver | |
| Pancreatitis/Cholecystitis (Gall Bladder) | |
| Gastrointestinal bleeding | |

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|--------------------------------|--|
| Hormone and Metabolism | |
| Diabetes Mellitus | |
| Thyroid Disease | |
| Parathyroid Disease | |
| High Cholesterol | |
| Osteoporosis | |
| B12 deficiency | |
| Vertebral compression fracture | |

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|---------------------------------|--|
| Cancer or Blood Disorder | |
| Site of Cancer | |
| Chronic Anemia | |
| Leukemia/Lymphoma | |

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|----------------------------|--|
| Chronic Infections | |
| Lung/Liver/Heart/Kidney | |
| Ear/Nose/Throat/Sinus/Skin | |
| HIV | |
| TB | |
| Sarcoid | |
| Herpes | |
| Fungal | |

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|---|--|
| Neurologic/Psychological Disorders | |
| Seizures or Epilepsy | |
| Pituitary or Brain Tumor | |
| Recurrent head or face pain | |
| Concussion or spinal trauma | |
| Huntington Disease | |
| Neuropathy | |
| Meningitis/Encephalitis | |
| Muscle Disease/Dystrophy ALS, Myasthenia Gravis, PMR | |
| Depression | |
| Obsessive Compulsive Disorder | |
| Hyperactivity Attention Deficit | |
| Parkinson's Disease | |
| Multiple Sclerosis | |
| Alzheimer's Disease | |

List All Hospitalizations and Surgeries

| Date | Reason for Hospitalization/Surgery | Location |
|------|------------------------------------|----------|
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List Current Medications/Vitamins/Supplements

| Name of Medication | Mg or Mcg Dose | Frequency of Use |
|--------------------|----------------|------------------|
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Medication Allergies/Bad Reactions:
