NEUROLOGY HISTORY AND PHYSICAL

Name ______ SS # ______ Date ______
Address ______ Occupation ______
Phone (Home) ______ (Work) ______ Date of birth ______
Referring physician ______

CHIEF COMPLAINT

______
______

HISTORY OF PRESENT ILLNESS

______
______
______
______
______
______
______

PREVIOUS NEUROLOGIST

	Dates of Treatment

MEDICAL HISTORY

- ☐ Headache/migraine ______
- ☐ Headache/tension ______
- ☐ Epilepsy/seizures ______
- ☐ Cerebrovascular ______
- ☐ Other neuromuscular ______
- ☐ Head injury ______
- ☐ Spinal cord injury ______
- ☐ Cervical spine disease ______
- ☐ Lumbar spine disease ______
- ☐ Peripheral nerve ______
- ☐ CNS malignancy ______
- ☐ Depression ______
- ☐ Coronary artery disease ______
- ☐ MI ______
- ☐ Arrhythmias ______
- ☐ Congestive heart failure ______
- ☐ Murmur ______
- ☐ Hypertension ______
- ☐ COPD ______
- ☐ Pneumonia ______
- ☐ Asthma ______
- ☐ Peptic ulcer disease ______
- ☐ Colonic polyps ______
- ☐ Bleeding disorder ______
- ☐ Anemia ______
- ☐ Diabetes ______
- ☐ Peripheral vascular disease ______
- ☐ Thyroid disease ______
- ☐ Menstrual/sexual dysfunction ______
- ☐ Other endocrine ______
- ☐ Liver disease/hepatitis ______
- ☐ Renal disease ______
- ☐ Genitourinary disease ______
- ☐ Veneral disease ______
- ☐ Arthritis ______
- ☐ Cancer ______
- ☐ Tuberculosis ______
- ☐ HIV ______
- ☐ E+OH abuse ______
- ☐ Smoking ______
- ☐ Drug use ______
- ☐ Exposures ______
- ☐ Mumps ______
- ☐ Measles ______
- ☐ Polio ______
- ☐ Rheumatic fever ______
- ☐ Allergy/hay fever ______
- ☐ Other ______

DRUG ALLERGIES

______
______
______
______
______

PRIOR SURGERIES/HOSPITALIZATIONS

Reason ______________________________

____

Pregnant now ☐ Yes ☐ No

REVIEW OF SYSTEMS - GENERAL

☐ Fatigue	☐ Cardiac	☐ Genitourinary
☐ Weight loss	☐ Respiratory	☐ Musculoskeletal
☐ Fevers	☐ Peripheral vascular	☐ Dermatologic
☐ Depression	☐ Gastrointestinal	☐ Hematologic
☐ Ear/nose/throat	☐ Other	☐ Other

REVIEW OF SYSTEMS - NEUROLOGIC

☐ Headache	☐ Nausea	☐ Tinnitus	☐ Stiffness
☐ Dizziness	☐ Vomiting	☐ Vertigo	☐ Clumsiness
☐ Syncope	☐ Trouble with smell	☐ Decreased hearing R/L	☐ Pain
☐ Confusion	☐ Blurred vision	☐ Dysphagia	☐ Poor balance
☐ Concentration	☐ Diplopia	☐ Hoarseness	☐ Poor coordination
☐ Memory	☐ Amaurosis	☐ Choking	☐ Trouble walking
☐ Lethargy	☐ Other visual changes	☐ Weakness - arms	☐ Incontinence - bladder
☐ Personality change	☐ Difficulty chewing	☐ Weakness - legs	☐ Incontinence - bowel
☐ Hallucinations	☐ Facial numbness/tingling	☐ Numbness - arms	☐ Other
☐ Speech difficulty	☐ Drooling	☐ Numbness - legs	☐ Other
☐ Spells	☐ Difficulty tasting	☐ Paresthesias	☐ Other

REMARKS

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FAMILY HISTORY

	FATHER	MOTHER	FATHER'S PARENTS	MOTHER'S PARENTS	SIBLINGS	CHILDREN
Heart disease	☐	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐
Arthritis	☐	☐	☐	☐	☐	☐
Bleeding disorder	☐	☐	☐	☐	☐	☐
Kidney disease	☐	☐	☐	☐	☐	☐
Thyroid disease	☐	☐	☐	☐	☐	☐
CNS tumors	☐	☐	☐	☐	☐	☐
Epilepsy	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐
Mental illness	☐	☐	☐	☐	☐	☐
Dementia	☐	☐	☐	☐	☐	☐
Neuromuscular	☐	☐	☐	☐	☐	☐
________	☐	☐	☐	☐	☐	☐
________	☐	☐	☐	☐	☐	☐