Seattle Neurology, PS

Date____________

Patient Name ___________________________ Height __________

Date of Birth _______________ Weight __________

Primary Care Physician ______________________ Age __________

Pharmacy Name and Number __________________

Medications

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Medication Allergies (itchy skin, rash, hives, or swelling of throat)

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Family Illnesses (diabetes, migraines, thyroid d/o, bipolar d/o)

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Past Medical History (circle any conditions experienced at some point in life)

- diabetes
- stroke/TIA (atrial fibrillation, carotid artery surgery, aneurysm)
- kidney stones
- heart disease (stent placement, heart attack, coronary bypass)
- seizure
- cancer (location: surgery, irradiation, chemotherapy)

Review of Organ Systems (circle any symptoms active in the past year)

- chest pain, shortness of breath when lying flat, ankle swelling
- bruising tendency, bleeding, swollen lymph nodes in neck, fever, unintentional weight loss, easily fatigued
- difficulty initiating urine flow, increase frequency of urination, blood in urine
- persistent cough, blood in sputum, wheezing (asthma, COPD)
- spells of lightheadedness when standing quickly
- double-vision, headache, slurred speech, vertigo (spinning sensation), poor balance
- heartburn, constipation, diarrhea, or blood in stool
- memory problems, easily becoming lost, poor concentration, hallucinations
- difficulty falling asleep, unable to remain asleep, snoring, daytime sleepiness
- loss of appetite, heightened irritability, less social, depressed, anxious
- loss of vision (cataracts, glaucoma, macular degeneration)
- dry mouth, dry eyes, rash; joint swelling (rheumatoid arthritis, gout)
- tingling in a limb (hand, foot), neck or low-back pain that radiates down into a limb (hand, foot)