



**NEUROSURGICAL ASSOCIATES, LTD.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Date: \_\_\_\_\_ Sex: M F Weight: \_\_\_\_\_

**CURRENT PROBLEM**

Chief Complaint: \_\_\_\_\_

Date Began Symptom \_\_\_\_\_ Current Pain

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

10
9
8
7
6
5
4
3
2
1

**PAST MEDICAL HISTORY: SURGERIES**

Year	Operation	Hospital	Surgeon
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PAST MEDICAL HISTORY: OTHER HOSPITALIZATIONS**

Year	Reason	Hospital
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PAST MEDICAL HISTORY: RECENT SCANS**

Date	Type (MRI, CT )	Body Part	Facility / Hospital Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CURRENT MEDICATIONS**

Medication	Dose (mg)	# of times / day	Reason Prescribed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ALLERGIES?**  
(medicines, x-ray dye etc.)

**WHAT REACTION?**

**NO ALLERGIES**

_____	_____
_____	_____
_____	_____

**HABITS**

Tobacco: \_\_\_\_\_ packs /day

Alcohol: \_\_\_\_\_ drinks/day

Other: \_\_\_\_\_

**WORK HISTORY**

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Retired (year)? \_\_\_\_\_

## MEDICAL REVIEW

In the last year, have you experienced any of the following symptoms or conditions?

### General

- Headache
- Fainting
- Numbness
- Chills
- Fever
- Sweats

### Loss of:

- Interest
- Energy
- Sleep
- Concentration
- Appetite
- Weight

### Feelings of:

- Guilt
- Depression
- Nervousness

### Digestive

- Excessive Thirst
- Nausea
- Vomiting
- Constipation
- Diarrhea
- Rectal bleeding

### Hearing

- Loss
- Ringing
- Earache

### Vision

- Blurry
- Double
- Flashing lights or halos

### Nose / Throat

- Hoarseness
- Swallowing trouble
- Nose Bleeds

### Skin

- Easy bruising
- Non-healing sores
- Rash
- Hives

### Conditions

- Arthritis
- Asthma
- Bleeding Disorders
- Cancer
- Chemical Dependency
- Diabetes
- Epilepsy
- Glaucoma
- Heart Disease
- High Blood Pressure
- High Cholesterol
- HIV
- Kidney Disease
- Liver Disease
- Migraines
- Multiple Sclerosis
- Pacemaker
- Pneumonia
- Stroke
- Thyroid Problems
- Tuberculosis
- Ulcers

MD Signature: \_\_\_\_\_