NEUROLOGY | NEURO-ONCOLOGY | MOVEMENT DISORDERS | MULTIPLE SCLEROSIS | STROKE | EPILEPSY | HEADACHE | EEG | EMG

Name:	Date of Birth:	Date:
CURRENT SYMPTOMS:  □ Back Pain □ Dizziness □ Fainting □ Difficulty walking □ Fainting □ Headach □ Memory Loss □ Numbness □ Seizures □ Tremor □ Weakness □ Other	Description :	
Smoke: Pack Per Day x years; □ Qui	it in   Never Smoked Ala	cohol: Drinks/Week
MEDICAL HISTORY:  Cholesterol Heart Attack Hypertension Stroke Diabetes Mellitus Pacemaker/Defibrillator Atrial Fibrillation Cancer Dementia Seizures Parkinson's Disease Dialysis Multiple Sclerosis Myasthenia Gravis Congestive Heart Failure Coronary Artery Disease Neuropathy Anxiety/Depression Thyroid Disease COPD Brain Tumor  ALLERGIES:  No known allergies		
ALLERGIES: No known allergies		
MEDICATIONS:	STRENGHT	TIMES PER DAY
1.		
2.       3.		
4.		
5.		
6.		
		+
SURGICAL HISTORY: YEAR:		
FAMILY HISTORY- PARENTS/SIBLING/CHILDREN		