

**Josephson-Wallack-Munshower Neurology
Adult Neurologic Health History Data Sheet**

New Visit

Date: _____

Name: _____

Age: _____

Date of Birth _____

Gender: M F

Are you right or left handed: R L

Who is your doctor? _____

Who referred you to Dr. Ridel? _____

Reason for Neurological Evaluation: _____

Medical History:

Any previous health problems: None _____

Previous Hospitalizations: None _____

Operations: None _____

Medications:

	Name of the medicine	Dose and frequency/time of the day
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Allergies:

Does the patient have any allergies to medications? None _____

Family History:

List members of the patient's family with medical or neurological problems (such as stroke, heart disease, migraine, mental retardation, learning disabilities, seizures, childhood death, etc.) _____

Social History:

List the name and age of all persons living in the patient's home: _____

Occupation: _____

Review of Systems:

Check below areas of concern the patient and/or you currently have:

Concerns	No Concerns	Comments
		Headaches _____
		Sleep problems _____
		Excessive daytime sleepiness _____
		Visual Changes _____
		Hearing Problems _____
		Dizziness _____
		Fever _____
		Heart problems _____
		Upper Respiratory Symptoms _____
		Nausea or vomiting _____
		Diarrhea or constipation _____
		Urinary difficulties _____
		Joint or muscle pain _____
		Rash or skin problems _____
		Behavioral problems _____
		Learning problems _____
		Other _____

I have answered these questions to the best of my knowledge.

Patient/Parent/Guardian Signature: _____ **Date:** _____

Keith R. Ridel, M.D.: _____