Coastal Neurology Services

Name_____ **DOB**_____ **Today's Date**_____

Please explain the reason you are being seen today _____
_____

Medications you are currently taking

_____ _____ _____
_____ _____ _____
_____ _____ _____

Allergies to medications, food or other substances_____
_____

PAST MEDICAL HISTORY (Please check all that apply)

___Headache	____Congestive Heart Failure	____Coronary Artery Disease	____Head Injury
___ Peptic Ulcer Disease	____Allergy/Hay Fever	____Menstrual/Sexual Dysfunction	____Thyroid Disease
___ Murmur	____Cancer	____Epilepsy/Seizures	____Asthma
___ Smoking	____Lumbar Spine Disease	____Stroke	____High Cholesterol
___ Arthritis	____Depression	____Hypertension	____Drug/Alcoholism
___ Cervical Spine Disease	____Anemia	____Liver Disease/Hepatitis	____Renal Disease
___ Diabetes	____Tuberculosis	____Spinal Cord Injury	____Bleeding Disorder
___ Heart Attack	____Arrhythmias	____Other:_____	

Hospital Admissions

Date	Problem/Surgery	Date	Problem/Surgery

FAMILY HISTORY (Please check all that apply)

	Father	**Mother**	**Father's Parents**	**Mother's Parents**	**Siblings**	**Children**
Living or Deceased?	L or D	L or D	L or D	L or D	L or D	L or D
Heart Disease	____	____	____	____	____	____
Hypertension	____	____	____	____	____	____
Diabetes	____	____	____	____	____	____
CNS Tumors	____	____	____	____	____	____
Epilepsy	____	____	____	____	____	____
Stroke	____	____	____	____	____	____
Dementia	____	____	____	____	____	____
Neuromuscular	____	____	____	____	____	____

SOCIAL HISTORY

Alcohol use: Yes_____ No_____ How much?_____ Quit?_____ When?_____
Caffeine use: Yes_____ No_____ How much? Illicit substances? Yes_____ No_____ IV drug use? Yes_____ No____

Exercise regularly: Yes_____ No_____ Education Level: HS graduate___ GED___ Attended College___ College graduate_____
Do you use seatbelts? Yes_____ No____ Have you traveled outside the US? Yes___ No___ Where?_____

Marital Status: Divorced___ Married___ Separated___ Single___ Widowed___ Occupation:_____

Exposure: No_____ Hepatitis B_____ Hepatitis C_____ HIV_____ Meningitis_____ TB_____ Other Hazardous Material:_____

Military Service: Yes_____ No_____