



- What is the primary reason you see us?
  
- Since your last visit with us, how is your neurological condition doing?
  
  
  
  
  
  
  
  
  
  
- Current frequency for episodic disease (e.g. seizure, headache, syncope etc.)
  
  
  
  
  
  
  
  
  
  
- Any new neurological symptom?
  
  
  
  
  
  
  
  
  
  
- Since your last visit with us, is there any change in your other medical (non neurological) condition, surgery, family history or social situation?
  
  
  
  
  
  
  
  
  
  
- I take my medications as prescribed
  - All the time, skip a few doses here and there, miss it half the time, rarely take it, not taking it at all.
  
  
  
  
  
  
  
  
  
  
- Any specific reason for non-compliance
  - cost of medication, Medication side effect, Don't think medication is helping, can't remember to take it, too busy to take medicine
  
  
  
  
  
  
  
  
  
  
- How can we improve your visit experience?

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_