ELAWAR NEUROLOGY ASSOCIATES, INC.
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NAME:_____ **DOB:**_____ **AGE:**_____ **SEX:**_____

REASON FOR VISIT: _____ **DATE:**_____

FAMILY DOCTOR (if any): _____

MEDICATIONS

List ALL medications, vitamins and supplements you are taking, or give a list to be copied. Please use back of form if needed.

NAME	DOSAGE (MG)	FREQUENCY
1.		
2.		
3.		
4.		
5.		
6.		
7.		

ALLERGIES/SENSITIVITIES: _____

REVIEW OF SYSTEMS: Please circle any of the following symptoms that you may be experiencing

Constitutional: fever, night sweats, weight gain (___lbs), weight loss (___lbs), exercise intolerance, lethargy, chills, malaise, other:_____

Eyes: dry eyes, irritation, vision change, eye disease/injury, other:_____

EMMT: difficulty hearing, ear pain, frequent nosebleeds, sinus problems, sore throat, bleeding gums, snoring, dry mouth, mouth ulcer, ringing in the ear, other:_____

CV: chest pain on exertion, arm pain on exertion, shortness of breath, palpitations, known heart murmur, lightheaded on standing, ankle swelling, other:_____

Respiratory: cough, wheezing, shortness of breath, coughing up blood, sleep apnea, other:_____

G.I.: abdominal pain, nausea, vomiting, constipation, change in appetite, black or tarry stools, frequent diarrhea, vomiting blood, GERD, other:_____

G.U.: urinary loss of control, difficulty urinating, increased urinary frequency, incomplete emptying, other:_____

Musculoskeletal: muscle aches, muscle weakness, arthralgias/joint pain, back pain, swelling in the extremities, neck pain, cramps, osteoporosis, fractures, other:_____

Skin: abnormal mole, jaundice, rash, itching, dry skin, growth/lesions, laceration, non-healing areas, changes in hair/nails, psoriasis, change in skin color, other:_____

Neurological: loss of consciousness, weakness, numbness, seizures, dizziness, frequent or severe headaches, migraines, restless legs, tremor, difficulty walking, paralysis, other:_____

Psychiatric: depression, sleep disturbances, restless sleep, alcohol abuse, anxiety, hallucinations, suicidal thoughts, mood swings, memory loss, agitation, dementia, delirium, other:_____

Endocrine: fatigue, increased thirst, hair loss, increased hair growth, cold intolerance, heat intolerance, other:_____

Hematologic: swollen glands, easy bruising, excessive bleeding, clotting disorder, anemia, other:_____

Allergy/Immunologic: runny nose, sinus pressure, itching, hives, frequent sneezing, other:_____