Prakashkumar N Patel
M D NEUROLOGY

HISTORY & PHYSICAL

Name

Name _____ SS# _____ Date _____
Clinic # _____ Hospital # _____
Address _____ Occupation _____
Phone (home) _____ (work) _____ Date of birth _____ Age ____
Referring physician _____

CHIEF COMPLAINT

HISTORY OF PRESENT ILLNESS

CURRENT MEDICATIONS

	Changes	Date
	❑	
	❑	
	❑	
	❑	
	❑	

MEDICAL HISTORY

❑ Headache/Migraine	❑ Murmur	❑ Genitourinary disease
❑ Headache/Tension	❑ Hypertension	❑ Venereal disease
❑ Epilepsy/Seizures	❑ COPD	❑ Arthritis
❑ Cerebro vascular	❑ Pneumonia	❑ Cancer
❑ Other neuromuscular	❑ Asthma	❑ Tuberculosis
❑ Head injury	❑ Peptic ulcer disease	❑ HIV
❑ Spinal cord injury	❑ Colonic polyps	❑ E+OH abuse
❑ Cervical spine disease	❑ Bleeding disorder	❑ Smoking
❑ Lumbar spine disease	❑ Anemia	❑ Drug use
❑ Peripheral nerve	❑ Diabetes	❑ Exposures
❑ CNS malignancy	❑ Peripheral vascular disease	❑ Mumps
❑ Depression	❑ Thyroid disease	❑ Measles
❑ Coronary artery Disease	❑ Menstrual/Sexual dysfunction	❑ Polio
❑ MI	❑ Other Endocrine	❑ Rheumatic fever
❑ Arrhythmias	❑ Liver disease / Hepatitis	❑ Allergy / Hat fever
❑ Congestive heart failure	❑ Renal disease	❑ Other

DRUG ALLERGIES

MISCELLANEOUS NOTES

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Name _____ SS# _____ Page # ____

PRIOR SURGERIES / HOSPITALIZATIONS

REASON _____

_____

Pregnant now? ❑ Yes ❑ No

REVIEW OF SYSTEMS - GENERAL

❑ Fatigue _____	❑ Cardiac _____	❑ Genitourinary _____
❑ Weight loss _____	❑ Respiratory _____	❑ Musculoskeletal _____
❑ Fevers _____	❑ Peripheral vascular _____	❑ Dermatologic _____
❑ Depression _____	❑ Gastrointestinal _____	❑ Hematologic _____
❑ Ear / Nose / Throat _____	❑ Other _____	❑ Other _____

REVIEW OF SYSTEMS - NEUROLOGIC

❑ Headache _____	❑ Blurred vision _____	❑ Weakness - arms _____
❑ Dizziness _____	❑ Diplopia _____	❑ Weakness - legs _____
❑ Syncope _____	❑ Amaurosis _____	❑ Numbness - arm _____
❑ Confusion _____	❑ Other visual changes _____	❑ Numbness - legs _____
❑ Concentration _____	❑ Difficulty chewing _____	❑ Paresthesias _____
❑ Memory _____	❑ Facial numbness / Tingling _____	❑ Stiffness _____
❑ Lethargy _____	❑ Drooling _____	❑ Clumsiness _____
❑ Personality change _____	❑ Difficulty tasting _____	❑ Pain _____
❑ Hallucinations _____	❑ Tinnitus _____	❑ Poor balance _____
❑ Speech difficulty _____	❑ Vertigo _____	❑ Poor coordination _____
❑ Spells _____	❑ Decreased hearing R/L _____	❑ Trouble walking _____
❑ Nausea _____	❑ Dysphagia _____	❑ Incontinence - bladder _____
❑ Vomiting _____	❑ Hoarseness _____	❑ Incontinence - bowel _____
❑ Trouble with smell _____	❑ Chocking _____	❑ Other _____

FAMILY HISTORY

	Father	Mother	Father's Parents	Mother's Parents	Siblings	Children
Heart Disease	❑	❑	❑	❑	❑	❑
Hypertension	❑	❑	❑	❑	❑	❑
Diabetes	❑	❑	❑	❑	❑	❑
Cancer	❑	❑	❑	❑	❑	❑
Arthritis	❑	❑	❑	❑	❑	❑
Bleeding disorder	❑	❑	❑	❑	❑	❑
Kidney Disorder	❑	❑	❑	❑	❑	❑
Thyroid disease	❑	❑	❑	❑	❑	❑
CNS tumors	❑	❑	❑	❑	❑	❑
Epilepsy	❑	❑	❑	❑	❑	❑
Stroke	❑	❑	❑	❑	❑	❑
Mental illness	❑	❑	❑	❑	❑	❑
Dementia	❑	❑	❑	❑	❑	❑
Neuromuscular	❑	❑	❑	❑	❑	❑
Other_____	❑	❑	❑	❑	❑	❑

ASSESSMENT / PLANS

MISCELLANEOUS NOTES