Follow Up Neurology Patient

NAME:	**Date:**
AGE:	

List any new symptoms you are experiencing or have experienced since your last visit:
(*Please include any hospitalization information)*

_____

_____

Do you have any new drug allergies or side effect since your last visit? _____
If yes, please explain _____

List any **NEW** medical and/or surgical problems since your last visit.
(*Please include any recent surgery information*)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Social History

Any change in alcohol, tobacco or use of illegal drugs since your last visit? If yes, please explain: _____

Current Medication List

☐ Continued on next page

☐ Not currently taking ANY medications.

1. _____ _____ mg
☐_____ tablet(s) _____ times per ☐day ☐bedtime ☐week ☐month
☐ Time(s) of day _____
☐ As needed

2. _____ _____ mg
☐_____ tablet(s) _____ times per ☐day ☐bedtime ☐week ☐month
☐ Time(s) of day _____
☐ As needed

3. _____ _____ mg
☐_____ tablet(s) _____ times per ☐day ☐bedtime ☐week ☐month
☐ Time(s) of day _____
☐ As needed

4. _____ _____ mg
☐_____ tablet(s) _____ times per ☐day ☐bedtime ☐week ☐month
☐ Time(s) of day _____
☐ As needed

5. _____ _____ mg
☐_____ tablet(s) _____ times per ☐day ☐bedtime ☐week ☐month
☐ Time(s) of day _____
☐ As needed

Symptoms:

(*Please circle any new symptoms you are having*)

CONSTITUTIONAL: Fever, weight loss, fatigue, night sweats, light headed/dizziness, vertigo.

EYES: Blurriness, double vision, dryness, color vision loss, eye pain.

ENT: Loss of hearing, ear, and inner ear problems, difficulty swallowing solids or liquids, nose bleeds, horsiness, ringing in ears.

CARDIOVASCULAR: syncope (passing out), near syncope, palpitations, trouble breathing while lying flat, wake up from sleep with shortness of breath, chest pain with activity, chest pain with rest.

RESPIRATORY: pneumonia, pain when taking a deep breath, blood in sputum, wheezing, cough, history of Tuberculosis, shortness of breath.

GASTROINTESTINAL: aspiration while eating, nausea, vomiting, diarrhea, constipation, abdominal distention, abdominal pain, food getting stuck while eating, blood in stool, bowel incontinence, heart burn, reflux, pain when swallowing.

GENITAL URINARY: urinary incontinence, urinary hesitancy, urinary urgency, urinary frequency, and painful urination, flank pain, loss of urine control, bloody urine.

MUSCLES/SKELETAL: Joint pain, joint swelling, and back pain, warm joints, neck pain

SLEEP: Excessive/loud snoring, can't fall asleep or stay asleep, unable to fall asleep, wakes up at night, falling asleep during daytime, excessive limb movements while sleeping, waking up confused, acting out dreams or Sleep Apnea

ALLERGIES: Runny nose, sneezing, watery eyes, postnasal drip, nasal congestion

PSYCHIATRIC: Depression, Hallucination, stress, anxiety, suicidal plans