

Neurology Medical Group of Diablo Valley, Inc.

Steven J. Holtz, M.D. Janet F.H. Lin, M.D. Raymond Stephens, M.D. Brad A. Volpi, M.D.
Michael J. Nelson, M.D. Robert C. Algar, M.D. Steven M. Schadendorf, M.D.

Diplomates of the American Board of Psychiatry and Neurology (Neurology)
General Neurology • Electroencephalography • Electromyography • Clinical Research

Patient _____ Date _____

PLEASE FILL OUT THE FOLLOWING INFORMATION AND BRING IT WITH YOU ON THE DATE OF YOUR APPOINTMENT WITH THE PHYSICIAN FROM THE NEUROLOGY MEDICAL GROUP

1. Please explain briefly the major problem/complaint that you are consulting the physician about.
2. Please list all of your current prescription medications, including the dose and the number of times each day you take them.
3. Are you taking over the counter medications, such as cold remedies, vitamins or pain medications? If so, please list dose.
4. List any surgery you may have had and the dates that it occurred.
5. Have you ever been hospitalized for a nonsurgical problem? If so, what was the problem and when were you hospitalized?
6. Are you allergic to any medications? ___ YES ___ NO
Please list medication and reaction.
7. Are you a smoker? ___ YES ___ NO ___ Packs per day

Neurology Medical Group of Diablo Valley, Inc.

Steven J. Holtz, M.D. Janet F.H. Lin, M.D. Raymond Stephens, M.D. Brad A. Volpi, M.D.
Michael J. Nelson, M.D. Robert C. Algar, M.D. Steven M. Schadendorf, M.D.

Diplomates of the American Board of Psychiatry and Neurology (Neurology)
General Neurology • Electroencephalography • Electromyography • Clinical Research

Patient _____ Date _____

8. Do you drink alcoholic beverages? ___ YES ___ NO ___ Drinks per week.

9. Do you suffer from or have you had in the past any of the below conditions? If so, please check.

- | | |
|---|-------------------------------|
| ___ Diabetes | ___ Low back pain/neck pain |
| ___ Hypertension (high blood pressure) | ___ Skin problems |
| ___ Coronary artery disease | ___ Ulcer disease |
| ___ Asthma or pulmonary disease of any kind | ___ Colitis or bowel problems |
| ___ Thyroid problems | ___ Prostate trouble |
| ___ Cancer | ___ Venereal disease |
| ___ Arthritis or joint problems | ___ Menstrual irregularities |
| ___ Kidney disease | |

10. Have you ever suffered serious head trauma or loss of consciousness related to head trauma? If so, when?

11. Have you ever had a seizure or epilepsy, migraines or headache, or tremor of your limbs?

12. Do you have a history of cerebrovascular accident (stroke)? If so, when?

13. Have you ever seen a neurologist in the past? ___ YES ___ NO

14. Please list the approximate dates of any recent (within the last six months) lab work, x-rays, or other tests and the results of these tests if they are known to you.

Neurology Medical Group of Diablo Valley, Inc.

Steven J. Holtz, M.D. Janet F.H. Lin, M.D. Raymond Stephens, M.D. Brad A. Volpi, M.D.
Michael J. Nelson, M.D. Robert C. Algar, M.D. Steven M. Schadendorf, M.D.

Diplomates of the American Board of Psychiatry and Neurology (Neurology)
General Neurology • Electroencephalography • Electromyography • Clinical Research

Patient _____ Date _____

15. List your current job title and briefly describe the job (i.e., desk work; mild, moderate or significant physical activity).

16. Please list the highest level of education achieved (i.e., high school diploma, college degree, graduate work, etc)

17. Family history:

Any significant illness? Heart disease, diabetes, cancer, high blood pressure, stroke?

Mother's age ____ Father's age ____ If deceased, the age and cause of death.

Brothers and sisters and their ages:

Number of children and their ages as well as any significant illnesses:

18. Is there any history in the family of:

___Migraine headaches

___Epilepsy

___Heart disease

___Diabetes

___High blood pressure

___Cancer

___Stroke

___Other significant medical problems

Neurology Medical Group of Diablo Valley, Inc.

Steven J. Holtz, M.D. Janet F.H. Lin, M.D. Raymond Stephens, M.D. Brad A. Volpi, M.D.
Michael J. Nelson, M.D. Robert C. Algar, M.D. Steven M. Schadendorf, M.D.

Diplomates of the American Board of Psychiatry and Neurology (Neurology)
General Neurology • Electroencephalography • Electromyography • Clinical Research

Patient _____ Date _____

19. If you have had any of the following problems please circle:

- a. Headache, dizziness, vertigo, hearing loss, change in vision, allergy symptoms, decreased sense of smell, sore throat, difficulty swallowing, balance problems, ringing in the ears, trouble speaking, incontinence, black-outs, seizures, head injury with loss of consciousness.
- b. Shortness of breath, cough, sputum production.
- c. Chest pain, palpitations, history of heart attack, leg cramps with exercise, feeling winded with exertion.
- d. Diarrhea, constipation, bloody stools, black stools, abdominal pain.
- e. Incontinence, dribbling, pain with urination, sexual dysfunction.
- f. Leg, back or neck pain, muscle soreness or weakness, rashes, bone pain or joint pain or swelling, swelling in the legs, discoloration of skin.
- g. Moles that have gotten bigger, itch, bleed or changed color.