



Coastal Neurology
New Patient Questionnaire

Patient Name: _____
Date of Birth: _____ **Hand You Write With:** __ L / __ R

Why are you being seen today?

Please List CURRENT Medications with Dosages and Frequency

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please List Any Medication Allergies

Please List Current and Past Medical Problems and Prior Surgeries Including Dates and Side of Body Where Appropriate

High Blood Pressure	__	Stroke	__	Pacemaker	__	Prostate Surgery	__
Heart Bypass / Stent	__	COPD	__	Diabetes	__	Knee Replacement	L / R
High Cholesterol	__	Asthma	__	Neck Surgery	__	Hip Replacement	L / R
Low Back Surgery	__	Cancer	__	Heart Attack	__	Other	_____
Atrial Fibrillation	__	Hysterectomy	__	Reflux	__		_____

What Medical Problems Run In Your Family?

High Blood Pressure	__	Epilepsy	__	Alzheimer's	__	Heart Disease	__
Diabetes	__	Migraine	__	Stroke	__	Other	_____

Have You Ever Smoked? Yes __ No __

If Yes, How Many Packs Per Day? _____ **For How Long?** _____ years

How Much Alcohol Do You Drink Per Week? _____

Where you ever a Heavy Drinker? Yes __ No __

If you've Quit, How Long Ago? _____ years

Marital Status: Single __ Married __ Separated __ Divorced __ Widowed __

What is the Highest Level of School that You Completed? _____

Occupation: _____

Please List ALL Medical Problems, Hospitalizations, or Surgeries

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently experiencing any of the following problems? (Check where appropriate)

	Yes	No		Yes	No
Headaches	__	__	Visual Changes	__	__
Dizziness	__	__	Hearing Loss	__	__
Vertigo	__	__	Problems Swallowing	__	__
Balance Problems	__	__	Unexplained Weight Loss	__	__
Memory Loss	__	__	Fainting	__	__
Attention Problems	__	__	Liver Trouble	__	__
Sleep Problems	__	__	Kidney Trouble	__	__
Numbness In Hands or Feet	__	__	Bladder Incontinence	__	__
Neck Pain	__	__	Bowel Incontinence	__	__
Back Pain	__	__	Depression	__	__
Are you Pregnant?	__	__	Thoughts of Suicide	__	__