

Neurological History

Have you ever seen a neurologist before? If so, who? _____
for how long? _____
What were you treated for? _____

Have you ever taken **neurological medications** before

Medication name	Length of time taken	did it help?	Side effects (if any)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you feel you have any **memory problems or other cognitive disorder?** ___ Yes ___ No

Family History: please check all that apply.

Cancer ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Diabetes ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Heart Disease ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Hypertension ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Depression ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Anxiety ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Bipolar ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Dementia ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Schizophrenia ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Substance Abuse ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Parkinson's ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Epilepsy/seizures ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Multiple Sclerosis: ___ Father ___ Mother ___ Brother/Sister ___ Son/Daughter
Other/Relation _____

Is there anything else that you think is **important that we know** about you?

Do you have any particular areas of concern that you would like us to be sure to address today?
