NEUROLOGY GROUP OF BERGEN COUNTY, P.A.

NAME										
Occupation										
CHIEF COMPLAINT:										
How long have the sympton	ns been	present	?							
Is there anything that makes	the syn	nptoms	worse?							
			better?							
Are you being seen for headaches?		Yes	/ No							
NEUROLOGICAL SY	MPT	OMS:								
Severe headache	Yes	/ No	Slurred speech	Yes	/ No					
Fainting spells		/ No	-	Yes	/ No					
Stroke/TIA		/ No	Numbness	Yes	/ No					
Seizures	Yes	/ No	Blackouts	Yes	/ No					
Severe head injury	Yes	/No	Memory difficulty	Yes	/ No					
Sudden visual loss	Yes	/ No	Depression	Yes	/ No					
Double vision	Yes	/ No	Neck Pain	Yes	/ No					
Hearing loss	Yes	/ No	Low back pain	Yes	/ No					
Have you ever consulted a n Are you right-handed or left	_	•	ore: Yes / No RIGHT LEFT							
PAST MEDICAL HIS	TORY	7•								
High blood pressure		/ No	Diabetes	Yes	/ No					
	Yes	/ No		Yes	/ No					
High cholesterol			<u> </u>	Yes	/ No					
Cancer	Yes		-	Yes	/ No					
Type:		_	Gastritis	Yes	/ No					
Asthma			Kidney problems	Yes	/ No					
Emphysema	Yes	/No	Glaucoma	Yes	/ No					
Thyroid disease	Yes	/ No	Hepatitis	Yes	/ No					
Drug dependency	Yes	/ No	Sexually trans disease	Yes	/ No					
Sleep Apnea	Yes	/ No	Blood transfusion	Yes	/ No					
Lyme disease Other	Yes			Yes	/ No					
SURGICAL HISTORY	V•									
OTHER HOSPITALIZ	ZATI(ONS:								

(PLEASE COMPLETE OTHER SIDE)

1		_	d frequency			
			_ 6			
2			_ 7			
3			_ 8			
4						
5						
ALLERGIES TO N	MEDICAT	IONS.				
None P	_		Sulfa drugs	X-ray d	ve	
Other:					iye	
Other:						
SOCIAL HISTOR	v •					
Marital History: S		arried	Divorced	Separated	Widowed	
V	When stopped	?	imount			
Living arrangements:						
Where were you born?						
Living Will? Yes /						
21/1118 1/1111 1 100 /						
			F·			
FAMILY HISTOR	Y: (check a	any tha	t annly)			
Migraine		any una		. Can	ocer	
	Alzheimer'		Stroke		e	
	1 Mizmonine		Buoke	t y P	·	
	Muscle dise	29868	Multiple Scl			
Nerve disease				erosis		
Nerve disease Mental retardation	Depression		Mental illne	erosis		
Nerve disease Mental retardation Hypertension	Depression Heart disea	se	Mental illnes Diabetes	erosis ss		
Nerve disease Mental retardation Hypertension Father: Alive: Yes	Depression Heart disea / No	se Cause of	Mental illner Diabetes f death (if dece	erosis ss ased)		
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes	Depression Heart disea / No / No	se Cause of Cause of	Mental illnes Diabetes f death (if dece f death (if dece	erosis ss ased)ased)		
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No	Depression Heart disea / No / No / No # alive	se Cause of Cause of	Mental illnes Diabetes f death (if dece f death (if dece # decease	erosis ss ased) ased) d	cause	
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes	Depression Heart disea / No / No / No # alive	se Cause of Cause of	Mental illnes Diabetes f death (if dece f death (if dece # decease	erosis ss ased) ased) d	cause	
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No Siblings: Yes / No	Depression Heart disea / No / No / No # alive # alive	se Cause of Cause of	Mental illner Diabetes f death (if dece f death (if dece # decease # decease	erosis ss ased) ased) d d	cause	
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No Siblings: Yes / No	Depression Heart disea / No / No / No # alive # alive TEMS: (cir	se Cause of Cause of ———————————————————————————————————	Mental illner Diabetes f death (if dece f death (if dece # decease # decease that apply)	erosis ss ased) ased) d d	cause	
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No Siblings: Yes / No	Depression Heart disea / No / No / No # alive # alive TEMS: (cir	se Cause of Cause of ———————————————————————————————————	Mental illnes Diabetes f death (if dece f death (if dece # decease # decease that apply) weight loss	erosis ss ased) ased) d d weight gai	cause	
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No Siblings: Yes / No	Depression Heart disea / No / No 0 # alive 0 # alive TEMS: (cir	se Cause of Cause of cele any fever faintin	Mental illner Diabetes f death (if dece f death (if dece # decease # decease that apply) weight loss g spells fal	erosis ss ased) ased) d d weight gai	cause cause n extreme fa	
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No Siblings: Yes / No REVIEW OF SYST	Depression Heart disea / No / No / No # alive # alive TEMS: (cir	cle any	Mental illner Diabetes f death (if dece f death (if dece # decease # decease that apply) weight loss g spells fal skin cancer	erosis ased) ased) d d weight gai	cause cause n extreme fa	
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No Siblings: Yes / No REVIEW OF SYST CONSTITUTIONAL: SKIN:	Depression Heart disea / No / No / No # alive # alive TEMS: (cir none none	cle any fever faintin rash pain in	Mental illner Diabetes f death (if dece f death (if dece # decease # decease that apply) weight loss g spells fal skin cancer eyes wear	erosis ss ased) ased) d d weight gai ls birthmarks glasses/contact	cause cause n extreme fa (<5)	
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No Siblings: Yes / No REVIEW OF SYS' CONSTITUTIONAL: SKIN: EYES:	Depression Heart disea / No / No 0 # alive 0 # alive TEMS: (cir : none	cle any fever faintin rash pain in	Mental illner Diabetes f death (if dece f death (if dece # decease # decease that apply) weight loss g spells fal skin cancer eyes wear g in ears sir	erosis ased) ased) d weight gai ls birthmarks glasses/contactus infections	cause cause n extreme fa (<5) ets grind teeth	
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No Siblings: Yes / No REVIEW OF SYS' CONSTITUTIONAL: SKIN: EYES:	Depression Heart disea / No / No / No # alive # alive TEMS: (cir none none none	cle any fever faintin rash pain in ringing difficu	Mental illner Diabetes f death (if dece f death (if dece # decease # decease that apply) weight loss g spells fal skin cancer eyes wear g in ears sir lty swallowing	erosis ss ased) ased) d weight gai ls birthmarks glasses/contactus infections pain with	cause cause n extreme fa (<5) ets grind teeth swallowing	
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Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No Siblings: Yes / No Siblings: Yes / No CONSTITUTIONAL: SKIN: EYES: ENT: CARDIOVASCULAR RESPIRATORY:	Depression Heart disea / No / No / No # alive # alive TEMS: (cir : none none none none none none R: none AL: none	cle any fever faintin rash pain in ringing difficu chest p shortne	Mental illner Diabetes f death (if dece f death (if dece f decease # decease # decease that apply) weight loss g spells fal skin cancer eyes wear g in ears sir lty swallowing tain palpita ess of breath vomiting	erosis ased) ased) d weight gai ls birthmarks glasses/contactus infections pain with tions irregulations chronic coug	cause cause n extreme fa (<5) ets grind teeth swallowing ular beat mur th wheezing constipation	tigue
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No Siblings: Yes / No REVIEW OF SYS CONSTITUTIONAL: SKIN: EYES: ENT: CARDIOVASCULAR RESPIRATORY: GASTROINTESTINA	Depression Heart disea / No / No / No # alive # alive TEMS: (cir : none none none none none none none none	cle any fever faintin rash pain in ringing difficu chest p shortne nausea inconti	Mental illner Diabetes f death (if dece f death (if dece f decease # decease # decease that apply) weight loss g spells fal skin cancer eyes wear g in ears sir lty swallowing tain palpita ess of breath vomiting	erosis ased) ased) d d weight gai ls birthmarks glasses/contact aus infections pain with tions irregu chronic coug diarrhea ncy impote	cause cause n extreme fa (<5) ets grind teeth swallowing alar beat mun gh wheezing constipation ence	tigue
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No Siblings: Yes / No Siblings: Yes / No Siblings: Yes / No CONSTITUTIONAL: SKIN: EYES: ENT: CARDIOVASCULAR RESPIRATORY: GASTROINTESTINA GENITO-URINARY:	Depression Heart disea / No / No / No / No / Halive Halive TEMS: (cir : none none none none none none none none	cle any fever faintin rash pain in ringing difficu chest p shortne nausea incontii	Mental illner Diabetes f death (if dece f death (if dece f death (if dece # decease # decease that apply) weight loss g spells fal skin cancer eyes wear g in ears sir lty swallowing tain palpita ess of breath vomiting inence urge	erosis ased) ased) d weight gai ls birthmarks glasses/contactus infections pain with tions irregu chronic coug diarrhea ncy impote anemia ea	cause cause n extreme fa (<5) ets grind teeth swallowing alar beat mun gh wheezing constipation ence asy bruising	tigue
Nerve disease Mental retardation Hypertension Father: Alive: Yes Mother: Alive: Yes Children: Yes / No Siblings: Yes / No Siblings: Yes / No CONSTITUTIONAL: SKIN: EYES: ENT: CARDIOVASCULAR RESPIRATORY: GASTROINTESTINA GENITO-URINARY: HEMATOLOGY:	Depression Heart disea / No / No / No / No / Halive Depression / No / No / No / No / No / No / Ralive / TEMS: (cires: / none	cle any fever faintin rash pain in ringing difficu chest p shortne nausea incontii	Mental illner Diabetes f death (if dece f death (if dece f death (if dece # decease # decease that apply) weight loss g spells fal skin cancer eyes wear g in ears sir lty swallowing ain palpita ess of breath vomiting nence urge ng tendency menstrual peri	erosis ss ased) ased) d weight gai ls birthmarks glasses/contactus infections pain with tions irregu chronic coug diarrhea ncy impote anemia ea od (excluding	cause cause n extreme fa (<5) ets grind teeth swallowing alar beat mur ph wheezing constipation ence asy bruising pregnancy)	tigue rmur abd. pain

initials