

Name: _____

Date: _____

GAINESVILLE NEUROLOGY GROUP, LLC

Check Here if No Known Drug Allergies

Please list your drug allergies below.

Medications	Please list your medicines below	
	Drug	Dosage

Personal/Family Medical History Check all that apply		Personal Past Surgical History Check all that apply	
Patient	Family		
Angina		Angioplasty	
Asthma		Appendectomy	
Anxiety		Back surgery	
Bipolar disorder		C-Section	
Breast cancer		Cataract surgery	
Colon cancer		Carpal tunnel surgery	
Prostate cancer		Coronary bypass	
Depression		Gallbladder surgery	
Diabetes		Hemorrhoid surgery	
Emphysema/COPD		Hernia repair	
Endometriosis		Hysterectomy	
Gastritis		Laparoscopy	
GERD		Mastectomy	
Glaucoma		Neck surgery	
Gout		Pacemaker	
Headache		Prostate surgery	
Heart Attack		Sinus surgery	
Heart Failure		Splenectomy	
High cholesterol		Thyroid surgery	
Hypertension		Tonsillectomy	
Lupus			
Kidney stones		Other: (Please list)	
Migraine			
Obesity			
Osteoarthritis			
Rheumatoid arthritis			
Seizures			
Stroke			
Thyroid disease			
Ulcers			
Other: (Please list)			

Review of Systems

Constitutional: Night sweats Anxiety Fever and chills
 Fatigue Depression Weight loss Excessive thirst Panic attacks

Eyes: Eye pain Blurred vision Double vision

ENT: Dizziness Runny nose Loss of smell Difficulty swallowing
 Hearing loss Sinus stuffiness Frequent colds Bleeding gums
 Ringing in ears Earaches Nose bleeds Hoarseness
 Sores in mouth

Cardiovascular: Heart murmur Shortness of breath when lying down
 Chest pain Leg pain on walking Palpitations

Respiratory: Shortness of breath Cough Coughing up blood Wheezing

Gastrointestinal: Nausea/vomiting Constipation Blood in stools
 Heartburn Vomiting Blood Diarrhea Hemorrhoids
 Indigestion Abdominal pain Tarry stools

Genitourinary: Difficulty starting urination Blood in urine
 Pain on urination Frequent UTIs Frequent urination

Musculoskeletal: Joint pain Weakness Joint swelling
 Muscle pain Muscle cramps

Skin/Breast: Hair loss Breast lumps Skin changes Breast tenderness
 Breast discharge Dry skin

Neurologic: Numbness Memory loss Weakness Paralysis
 Headaches Loss of consciousness Tremor

Endocrine: Heat or Cold intolerance

Hematologic/Lymphatic: Blood clots Swollen lymph nodes
 Free bleeding

Allergic/Immunologic: Rash Frequent infections Hayfever

Sleep: Do you: Snore Stop Breathing while sleeping
Do you have: Excessive daytime sleepiness Trouble falling asleep

Comments: _____

Patient/Legal Guardian _____ Date _____