Associated Neurologists of Southern Connecticut, P.C.

Associated Neurologists of Southern CT an Affiliate of St. Vincent's

Patient Name: ______________________ **DOB:** __________ **Date:** __________

Pharmacy: ______________________________________

Reason for Visit: ______________________________________

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Patient Accompanied By (Full Name): ______________________________________

Relationship to Patient: ______________________________________

Have you had any recent hospitalizations/Emergency Room visits? If yes, please list where and why you were hospitalized and/or in the Emergency Room: ______________________________________

______________________________________.

Review of Symptoms: ***(Please check all that apply to you)***

Constitutional
- ☐ Weight Gain
- ☐ Weight Loss
- ☐ Feeling Tired (Fatigue

GU
- ☐ Unable to restrain bladder
- ☐ Night time urgency
- ☐ Urinary urgency
- ☐ Urinary hesitancy

Dermatological
- ☐ Rash
- ☐ Itching

Eyes
- ☐ Blurry Vision
- ☐ Double Vision
- ☐ Vision Problems

Psychiatric
- ☐ Anxiety
- ☐ Depression
- ☐ Memory Loss
- ☐ Sleep Disturbances

Heme
- ☐ Easy bruising
- ☐ Easy bleeding

Endocrine
- ☐ Hot flashes
- ☐ Excessive thirst
- ☐ Hair loss
- ☐ Infertility

Ears
- ☐ Hearing loss
- ☐ Dizziness
- ☐ Ringing in ears

Neurological
- ☐ Tremor
- ☐ Headache
- ☐ Numbness
- ☐ Difficulty walking
- ☐ Right-Handed
- ☐ Left -Handed

Cardiac
- ☐ Chest pain
- ☐ Feet Swelling
- ☐ Palpitations

Respiratory
- ☐ Shortness of breath
- ☐ Cough

Orthopedic
- ☐ Arthralgias
- ☐ Back pain
- ☐ Joint pain, localized
- ☐ Muscle pain
- ☐ Muscle weakness
- ☐ Neck Pain

GI
- ☐ Unable to restrain bowel movement
- ☐ Abdominal pain
- ☐ Constipation
- ☐ Diarrhea

☐ **Other**

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Past Medical History: ***(Place a check mark next to any item you have or have had in the past)***

- □ Anemia
- □ Anxiety
- □ Arthritis
- □ Asthma
- □ Atrial Fibrillation

- □ Back Pain
- □ Bleeding Problems
- □ Breast Cancer
- □ Breast Lump or Mass

- □ Cardiac Arrhythmia
- □ Cataract
- □ Chronic Pain
- □ Congestive Heart Failure
- □ COPD
- □ Coronary Atery Ds/MI

- □ Depression
- □ Diabetes
- □ Diverticulitis of Colon
- □ Deep Vein Thrombosis

- □ Emphysema
- □ Epilepsy

- □ Fibroids
- □ Fibromyalgia

- □ Gallbladder Disease
- □ GERD
- □ GI (intestinal) Bleed
- □ Glaucoma
- □ Gout

- □ Headache
- □ Heart Attack
- □ Hepatitis
- □ Herniated Disc
- □ High Cholesterol
- □ HIV
- □ Hypertension
- □ Hyperthyroidism
- □ Hypoglycemia
- □ Hypothyroidism

- □ Incontinence
- □ Irritable Bowel Syndrome

- □ Kidney Stone

- □ Leukemia
- □ Liver Disease
- □ Lung Cancer
- □ Lupus
- □ Lyme Disease
- □ Lymphoma

- □ Migraine Headache
- □ Mitral Valve Prolapse
- □ Multiple Sclerosis

- □ Neck Pain

- □ Osteoporosis

- □ Parkinson's Disease
- □ Psoriasis

- □ Rheumatoid Arthritis

- □ Seizure Disorder
- □ Sinusitis
- □ Stomach Ulcer
- □ Stroke

- □ Thyroid Disorders
- □ Traumatic Brain Injury
- □ Tremors

- □ Ulcerative Colitis

- □ Vertigo

- □ Recent Hospitalization

- □ Other: ______________________

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Past Surgical History: ***(Place a check mark next to any surgery you have had)***

- □ Appendectomy
- □ Abdominal Surgery
- □ Back Surgery
- □ Bladder Surgery
- □ Coronary Artery Bypass Graft
- □ Cardiac Stent
- □ Carpal Tunnel Release
- □ Cataract Surgery
- □ Cesarean Surgery
- □ Cholecystectomy
- □ Colon Surgery
- □ Coronary Angioplasty
- □ Carotid Endarterectomy
- □ Cosmetic Surgery
- □ Gastrointestinal Surgery
- □ Hernia Repair
- □ Hip Surgery
- □ Hysterectomy
- □ Knee Surgery
- □ Lumpectomy
- □ Mastectomy
- □ Neck Surgery
- □ Orthopedic Surgery
- □ Pacemaker
- □ Prostate Surgery
- □ Shoulder Surgery
- □ Sinus Surgery
- □ Thyroidectomy
- □ Tonsillectomy
- □ Tubal Ligation
- □ Valve Replacement

- □ Other: ______________________

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