

NEUROLOGY PATIENT HISTORY FORM

Patient Information Sticker



Chief Concern(s): _____

Current Medications: _____

Allergies (Food / Medication): _____

Right handed / Left handed / Uses both hands (Circle)

Birth History:

Any problems during pregnancy (circle)?

- exposure to toxins / illicit drugs / alcohol / illnesses / trauma to belly

(Circle) Pre term -or- Full term? Delivered C-section -or- Vaginally?

Any problems during or after delivery (circle)? Yes / No

How long did baby stay in hospital? _____ days

Developmental History:

Any Developmental Delays (circle)? Yes / No

If Yes, what are the delays? _____

Any Loss of Developmental Milestones (circle)? Yes / No

Past Medical Diagnoses: _____

Past Surgeries: _____

Family History (Circle or Print and indicate who):

Seizures / Developmental Delays / Headaches / Nerve or Muscle Disease

Other: _____

Social History:

Child lives at home with: _____

Child Grade level: _____, Special Education / 504 Accommodations / Sports (circle)

Review of Systems:

Does your child have any of the following? (Circle if present)

General

- Failure to Gain Weight / Weight loss
- Excessive Weight Gain
- Fatigue / Recurrent fevers

Eyes

- Blurry vision / Double vision / Vision loss

Ears/Nose/Throat

- Hearing loss / Ear infections
- Snoring / Choking / Gagging / Swallowing difficulty

Respiratory

- Cough / Aspiration / Difficulty Breathing / Noisy Breathing
- Need for Tracheostomy

Cardiovascular

- Heart murmur / Born with Heart condition
- Sweating with Feeding / Turning blue
- Palpitations / Chest Pain

Gastrointestinal

- Constipation / Diarrhea
- Nausea / Vomiting
- Need for Feeding tube

Genitourinary

- Difficulty with toilet training
- Increased or painful urination / Urinary difficulties

Integumentary (Skin)

- Birth marks / Rashes / Other skin lesions or conditions

Musculoskeletal

- Leg / Arm / Back Pain / Muscle cramps
- Scoliosis / Bone Deformities / Fractures

Endocrine (Hormones)

- Excessive thirst or urination
- Heat or cold intolerance
- Gland enlargement
- Early or delayed puberty

Allergic/Immunologic

- Seasonal Allergies / Low immunity / _____

Hematologic/Lymphatic

- Excessive Bruising or Bleeding
- Need for Blood transfusions

Psychiatric

- Change in Behavior
- Change in Mood (anxiety, depression)
- Sleep Problems