

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	How taken/How often

Personal/Family Medical History Check all that apply	Personal Past Surgical History Check all that apply
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	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)			

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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  Incontinence

**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

Patient/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_