

NEUROLOGY HISTORY FORM

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

TODAYS DATE \_\_\_\_\_ REASON FOR VISIT? \_\_\_\_\_

CURRENT MEDICATIONS/DOSE

ALLERGIC TO

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREGNANCY/BIRTH HISTORY

Birth Weight \_\_\_\_\_ Full Term? \_\_\_\_\_ # of weeks premature? \_\_\_\_\_

Delivery: vaginal \_\_\_\_\_ C-section \_\_\_\_\_ emergency or planned/induced?

Pregnancy- Drug exposure? \_\_\_\_\_ Other problems during pregnancy? \_\_\_\_\_

Time in Neonatal ICU? \_\_\_\_\_ Why \_\_\_\_\_

DEVELOPMENTAL HISTORY: Enter the age when you child first did these things:

smiled \_\_\_\_\_ sat \_\_\_\_\_ walked \_\_\_\_\_ words \_\_\_\_\_ sentences \_\_\_\_\_ dressed \_\_\_\_\_ potty trained \_\_\_\_\_

EDUCATION (INCLUDING DAYCARE)

Current School \_\_\_\_\_ Grade \_\_\_\_\_ SpEd? \_\_\_\_\_

Problems? Academic: \_\_\_\_\_ Behavior: \_\_\_\_\_

Missing School? \_\_\_\_\_

PAST MEDICAL AND SURGICAL HISTORY (including outpatient surgeries like ear tubes, tonsils, etc)

Date \_\_\_\_\_ Why? \_\_\_\_\_

Date \_\_\_\_\_ Why? \_\_\_\_\_

Date \_\_\_\_\_ Why? \_\_\_\_\_

Date \_\_\_\_\_ Why? \_\_\_\_\_

AT HOME: Child lives with: both parents? Mom only? Dad only? blended family? Grandparents? Other?

Smoking inside the house? \_\_\_\_\_

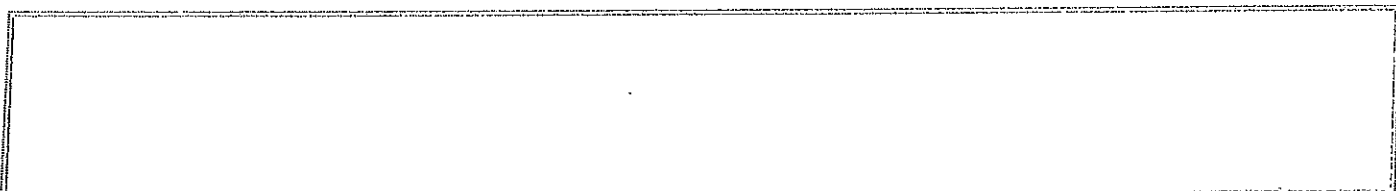
If parents separated, estimate time spent with other parent (ex: weekends with Dad, etc) \_\_\_\_\_

Ages of other children at home: \_\_\_\_\_

LIST ANY PREVIOUS Brain MRIs, CT scans, EEGs, Cranial Ultrasounds: (Date, where it was done, and results)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY



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**FAMILY HISTORY--(NOT the patient)**

Seizures	Birth defects	Mental Retardation	ADHD
Migraines	Multiple Sclerosis	Delayed walking	Learning Disability
Headaches	Muscle Diseases	Delayed speech	Anxiety/OCD/Bipolar
Narcolepsy	Genetic Disorders	Autism/Asperger	Tics/Tourette

Anything Else/Details: \_\_\_\_\_

**HEALTH HISTORY OF THE PATIENT:** (Please CIRCLE only the symptoms that the patient has/previously had)  
Provide details or explanation at the bottom if necessary:

**GENERAL HEALTH:** Overweight, Underweight, Unexplained weight loss, Picky eater, excessive fatigue

**NEUROLOGICAL:** Developmental Delays, Headaches/Migraines, Dizziness, Fainting, Seizures, Head Trauma  
Tremor, Speech Problems/Therapy, Sleep Problems, Small head, Large head

**EYES:** Wears glasses, vision loss, eye pain, visual disturbance/spots in vision

**EARS:** Ear tubes, chronic ear infections, hearing loss

**RESPIRATORY:** Asthma, Frequent bronchitis, pneumonia

**CARDIOVASCULAR/HEART:** Congenital problems, murmur, high blood pressure, fainting, rhythm irregularity

**UROLOGY/REPRODUCTIVE:** Urinary tract infections, Kidney stones, Prolonged bed wetting, Age of 1<sup>st</sup> period \_\_\_\_\_

**GASTROINTESTINAL:** Chronic constipation, Reflux/GERD, Swallowing problems, vomiting

**IMMUNOLOGY:** Immunizations up to date? \_\_\_\_\_, Autoimmune problems

**HEMATOLOGY:** Sickle cell disease or trait, Anemia, excessive bruising,

**MUSCULOSKELETAL:** Joints painful, spasticity, back pain, sports injuries, wheelchair use

**PSYCHIATRIC/BEHAVIORAL:** Psych admissions, group home placement, aggression, self-injurious, oppositional

**ALLERGY:** Seasonal/environmental allergies, Eczema, food allergies, med allergies

**SKIN:** rashes, birthmarks: large, multiple, unusual

LIST CHRONIC HEALTH CONDITIONS YOUR CHILD HAS: (ex: cystic fibrosis, juvenile rheumatoid arthritis,etc)

\_\_\_\_\_

**PREVIOUS MEDICATIONS YOUR CHILD HAS TAKEN:** (Please provide approximate dates if recalled)

**ADHD:** Ritalin, Adderall, Concerta, Daytrana patch, Vyvanse, Metadate, Strattera, Clonidine, Intuniv, Tenex, Guanfacine, Kapvay

**SEIZURES/EPILEPSY:** Phenobarbital, Dilantin/phenytoin, Tegretol/carbamazepine, Depakote/valproic acid, Zarontin/ethosuximide, Lamictal/lamotrigine, Trileptal/oxcarbazepine, Topamax/topiramate, Zonegran/zonisamide, Keppra/levetiracetam, Diastat/diazepam, Klonopin/clonazepam, Diamox/acetazolamide, ACTH injections, Neurontin/gabapentin

**MIGRAINES/HEADACHES:** Periactin/cyproheptadine, Depakote/valproic acid, Topamax/topiramate, propranolol, verapamil, Elavil/amitriptyline, Pamelor/nortriptyline, Neurontin/gabapentin, Fioricet, naproxen, Ultram/tramadol, Migranol, Imitrex, Zomig, Frova, Axert, Maxalt

**BEHAVIOR/MOOD:** Risperdal/risperidone, Abilify/aripiprazole, Zoloft, Prozac, Paxil, Lexapro, Cymbalta

Health history is accurate to the best of my knowledge:

Completed by: (print name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_