Foothills Neurology, P.C. Patient History

4530 East Muirwood Drive Suite 111, Phoenix, AZ 85048 Tel: (480)961-2365 Fax: (480)961-2381

Name: _____ Date of appointment: _____

What is the main problem you are having?

Is this due to an accident? ☐ Y ☐ N ☐ Don't know Is a legal case pending? Y ☐ N ☐ Maybe ☐
Age _____ DOB _____

PLEASE LEAVE THIS BOX BLANK

Test / X-Ray	Approximate Date Done	Result

***ALLERGIES*: Do you have any allergies to any medicine?**

What *MEDICINE* or *DRUG STORE PRODUCTS* are you taking?

Name of Medicine	Dosage	Times per Day	For What	Approx. Date Started
•				
•				
•				
•				
•				
•				

Have you stopped any medicine recently or used other medicine in the past for this problem?

Do you take birth control pills, patch or implant? Y ☐ N ☐ What?_____

Foothills Neurology, P.C. Medication History

4530 East Muirwood Drive Suite 111, Phoenix, AZ 85048 Tel: (480)961-2365 Fax: (480)961-2381

Name:_____ DOB:_____

Please Check those medications that you have **tried in the past:**

ANTI-INFLAMMATORIES	Date	Effectiveness
☐Aspirin (Bayer, Ecotrin)		
☐Ibuprofen (Motrin/Advil/Nuprin)		
☐Naproxyn (Naprosyn/Aleve/Anaprox)		
☐Celecoxib (Celebrex)		
☐Diclofenac (Voltaren, Cambia)		
☐Indomethacin (Indocin) pills or Suppos.		
☐Ketorolac (Toradol) pills or injection		
☐Steroids (Prednisone)		
☐Other:_____		

MIXED ANALGESICS(MILD PAIN)	Date	Effectiveness
☐Butalbital (Fioricet/Esgic Plus)		
☐Excedrine (Any form)		
☐Tramadol (Ultram/Ultracet)		
☐Other:_____		

NARCOTIC PAIN MEDICINE	Date	Effectiveness
☐Codeine		
☐Hydrocodone (Vicodin/Lortab/Norco)		
☐Oxycodone (Percocet/Endocet/Roxicet)		
☐Meperidine (Demerol) pills or shots		
☐Other:_____		

LONG ACTING NARCOTICS	Date	Effectiveness
☐Methadone (Dolphine, Methadose)		
☐OxyContin		
☐MS Contin (Avinza/Kadian/MSIR)		
☐Fentanyl Patch (Duragesic Patch)		
☐Hydromorphone (Exalgo, Dilaudid)		
☐Other:_____		

MUSCLE RELAXANTS	Date	Effectiveness
☐Baclofen (Lioresal)		
☐Cyclobenzaprine (Flexeril, Amrix)		
☐Tizanidine (Zanaflex)		
☐Other:_____		

ALTERNATIVE TREATMENTS	Date	Effectiveness
☐Botulinum Toxin (Botox)		
☐Lidocaine 5% (Lidoderm Patch)		
☐IV Therapy for Migraine		
☐Acupuncture		
☐Trigger Point Injections		
☐Nerve blocks(occipital/neck/back)		
☐Physical Therapy		
☐Massage		
☐Oxygen		
☐Vitamins/Minerals (B, D, Magnesium)		
☐Biofeedback☐ Meditation		
☐Ice/Heat		
☐Other:_____		
☐Other:_____		
☐Other:_____		

MIGRAINE MEDICINES	Date	Effectiveness
☐Sumatriptan (Imitrex/Treximet) (pills/shot/nasal spray)		
☐Rizatriptan (Maxalt)		
☐Eletriptan (Relpax)		
☐Frovatriptan (Frova)		
☐Zolmitriptan (Zomig)		
☐Naratriptan (Amerge)		
☐Almotriptan (Axert)		
☐Dihydroergotamine (DHE/Migranal)		

ANTICONVULSANTS	Date	Duration Tx	Effectiveness
☐Valproic acid (Depakote)			
☐Zonisamide (Zonagran)			
☐Gabapentin (Neurontin)			
☐Oxcarbazepine (Trileptal)			
☐Lamotrigene (Lamictal)			
☐Levetiracetam (Keppra)			
☐Topiramate (Topamax)			
☐Pregabalin (Lyrica)			
☐Tiagabine (Gabitril)			
☐Lacosamide (Vimpat)			
☐Other: _____			

TRICYLIC ANTIDEPR	Date	Duration Tx	Effectiveness
☐Amitriptyline (Elavil)			
☐Nortriptyline (Pamelor)			
☐Doxepin (Sinequan)			
☐Trazodone (Desyrel)			
☐Other:_____			

SRI/DOPA INHIBITORS	Date	Duration Tx	Effectiveness
☐Bupropion (Wellbutrin)			
☐Venlafaxine (Effexor)			
☐Milnacipran (Savella)			
☐Duloxetine (Cymbalta)			
☐Other:_____			

BETA BLOCKERS	Date	Duration Tx	Effectiveness
☐Propranolol (Inderal)			
☐Atenolol (Tenormin)			
☐Nadolol (Corgard)			
☐Metoprolol (Lopressor)			
☐Other:_____			

CALCIUM BLOCKERS	Date	Duration Tx	Effectiveness
☐Verapamil (Calan,Veralan)			
☐Nicardipine(Cardene)			
☐Other:_____			

ALLERGIES: Medication & Reaction

_____

_____

_____

Foothills Neurology, P.C. Patient History

4530 East Muirwood Drive Suite 111, Phoenix, AZ 85048 Tel: (480)961-2365 Fax: (480)961-2381

PAST MEDICAL HISTORY **Do you have any other medical problems such as:**

Yes	No		Yes	No		Yes	No	
☐	☐	Diabetes	☐	☐	Ulcers	☐	☐	Heart Problem
☐	☐	Kidney Problem	☐	☐	Hepatitis	☐	☐	Stroke
☐	☐	Thyroid Problem	☐	☐	Cancer	☐	☐	Arthritis
☐	☐	Fibromyalgia	☐	☐	Seizures	☐	☐	Asthma/Emphysem
☐	☐	TMJ	☐	☐	Depression	☐	☐	Anxiety
☐	☐	Lung Disease	☐	☐	High Cholesterol	☐	☐	Headache
☐	☐	Eye Disease	☐	☐	Osteoporosis	☐	☐	Chronic Pain in:
☐	☐	Anemia	☐	☐	High Blood Pressure		☐	Back ☐ Neck ☐ Other

Have you had any other surgeries, hospitalizations or other medical problems? If so list them:

Do you have any other problems for which you have been seeing a *doctor* or *chiropractor* on a regular basis?

FAMILY HISTORY

Do you have any family members with similar problems as you? **Y☐ N☐**

Do you have any family members with?

Brain Tumor	**Y☐ N☐**	**who?**_____	Stroke	**Y☐ N☐**	**who?**_____
Seizures	**Y☐ N☐**	**who?**_____	Heart Attack	**Y☐ N☐**	**who?**_____
Headaches	**Y☐ N☐**	**who?**_____	Aneurysm	**Y☐ N☐**	**who?**_____

SOCIAL HISTORY:

Do you use tobacco? Y☐ N☐ How much? _____

Do you drink alcohol? Y☐ N☐ How much? _____

What is your occupation or major daytime activity? _____

Have you been unable to work or carry out your usual daytime activities due to this problem?

☐ able to work ☐ have trouble working ☐ have missed some work

☐ less productive ☐ can not work ☐ have not worked since_____

In the **past 3 months**:

how much work or school have you missed because of this problem?_____

how many visits to the ER, Urgent Care treatment?_____

How many cups/drinks per day of: coffee_____ colas_____ tea_____ alcohol_____

Do you drink diet drinks or use Nutrasweet/Equal (aspartame) or other artificial sweeteners? **Y☐ N☐**

Have you ever abused drugs or alcohol? **Y☐ N☐** if yes explain**:**

If you are pregnant or thinking of getting pregnant please check here: ☐

(ROS) Do you have any other symptoms that you feel are important but have not already mentioned?

___fever/chills	___blurred vision	___double vision	___jaw pain with chewing
___chest pain	___eye pain	___trouble urinating	___difficulty swallowing
___palpitations	___constipation	___diarrhea	___shortness of breath
___joint pain	___stomach pain	___trouble sleeping	___excessive sweating
___numbness/tingling	___dizziness	___swollen glands	___**other (please explain)**

Foothills Neurology, P.C. Patient History

4530 East Muirwood Drive Suite 111, Phoenix, AZ 85048 Tel: (480)961-2365 Fax: (480)961-2381

Headache

If headaches are one of your big problems, please answer the following questions:

When did the headaches first start? _____ Is the headache due to an injury? **Y☐ N☐**

Are your headaches getting worse? **Y☐ N☐**
When did this change occur? _____
Do you know why? _____

How often do your headaches come?	**mild to moderate**	**moderate to severe**
daily or almost daily	☐	☐
4-5 days per week	☐	☐
2-3 days per week	☐	☐
2-3 days per month	☐	☐
other:	☐	☐

How long do the headaches typically last?

mild to moderate headaches:	hours ☐	all day ☐	several days ☐	weeks ☐	constant ☐
mod. to severe headaches:	hours ☐	all day ☐	several days ☐	weeks ☐	constant ☐

Where in your head do these headaches occur?

mild to mod.	one side ☐	both sides ☐	top ☐	back of head ☐	neck ☐	front ☐	eye ☐
mod to severe	one side ☐	both sides ☐	top ☐	back of head ☐	neck ☐	front ☐	eye ☐

The pain is usually:

mild to mod. HA	☐ throbbing or pulsating	☐ constant pressing like a tight band	☐ other:_____
mod to severe HA	☐ throbbing or pulsating	☐ constant pressing like a tight band	☐ other:_____

Along with the bad headaches do you have:

☐ upset stomach	☐ sensitivity to light	☐ droopy eye lid	☐ eye tearing
☐ vomiting	☐ sensitivity to noise	☐ red eye	☐ stuffy nose

Does routine physical activity like walking make the headache worse? **Y☐ N☐**

Do you experience any other symptoms **with the headache?**

☐ blind spots	☐ blurred vision	☐ numbness/tingling	☐ weakness
☐ flashing lights	☐ zigzag lines	☐ trouble talking	☐ **other:**_____

Are your headaches affected by your menstrual cycle? **Y☐ N☐** How?_____

What other treatments have you received for your headaches?

☐ chiropractor	☐ herbal therapy	☐ biofeedback
☐ acupuncture	☐ trigger-point injections	☐ stress management
☐ physical therapy	☐ nerve blocks	☐ **other:** _____

Foothills Neurology, P.C. Patient History

4530 East Muirwood Drive Suite 111, Phoenix, AZ 85048 Tel: (480)961-2365 Fax: (480)961-2381

Muscle/Joint Pain

If you have diffuse muscle or joint pain, please answer the following questions:

Where is your pain? ☐ left side of body ☐ right side of body
☐ above waist ☐ below waist
☐ neck, back or spine

Do you have tender points? Where? (11/18)

Fatigue

If you have chronic fatigue please answer the following questions:

Is the fatigue: ___persistent ___relapsing

When did it start?_____

Do you feel better if you get rest? Y☐ N☐

Does the fatigue interfere with your desired daily activities?Y☐ N☐

Have you had any of the following lasting off and on or constant for over 6 months? (4 / 8)

☐ memory loss or trouble concentrating, "brain fog"
☐ chronic sore throat
☐ tender lymph nodes in neck or armpits
☐ diffuse muscle achiness
☐ multiple joint pains
☐ new or worsened headache
☐ unrefreshing sleep
☐ post-exercise fatigue lasting more than 24hours if you try to exercise

Foothills Neurology, P.C. New Exam

4530 East Muirwood Drive Suite 111, Phoenix, AZ 85048

Name_____ ___ **Date of Birth** _____

Constitutional:

___vital signs – BP, pulse, weight, respirations
___well appearing, pleasant & cooperative

Cardiovascular:

___ extremities – norm pulses, no edema, good cap refill
___heart RRR
___ carotid arteries without bruits

VITAL SIGNS STICKER

_____

MSE
___orientation normal
___recent & remote memory intact
___attention & concentration normal
___speech fluent without aphasia
___fund of knowledge appears normal

Cranial Nerves

___ **Eyes: ophthalmoscopic examination exam**: discs normal without papilledema or pallor

___ confrontations normal (CN II)	___visual acuity normal	___pupils equal & react normally
___eye movements full (CN III, IX, VI)	___saccades accurate	
___face sensation symmetric (CN V)	___corneal reflexes normal	
___face movement symmetric (CN VII)		
___hearing appears normal (CN VIII)	___Weber midline	___René' normal
___palate raises symmetrically (CN IX, X)		
___shoulder shrug symmetric (CN XI)	___SCM muscles symmetric	
___tongue midline (CN XII)		

Musculoskeletal

___strength in UE & LE normal	___pronator drift negative	___no fasciculations noted
___tone in UE & LE normal w/o rigidity or spasticity	___rapid fine movements norm	___no abnormal movements
___gait & station normal	___tremor absent	___C-spine full ROM

Sensory Exam

___sensation to LT norm ___vibratory norm ___pin prick norm ___position sense norm ___Rhomberg neg

Reflexes

___DTRs in UE & LE norm ___plantar reflexes flexor ___finger flexor reflexes norm ___Homan sign neg

Coordination

___FTN normal ___HTS normal ___RAM normal ___tandem gait normal

Impression: **prob. focused = 1+** **expanded = 6+** **detailed = 12+** **comprehensive = all**

Recommendations:

-
-
-
-

Follow-up: _____wk / mon
Consider at next visit:

_____
Examiner's Signature ☐**Dictated**

More than _____ minutes was spent face to face with the patient, over half of which was spent discussing: