Comprehensive Neurology Associates
Premier Health Partners
Member of Premier Health Specialists

Comprehensive Neurology Associates
1049 Summit Drive
Middletown, Ohio 45042
(513) 423-1399 Phone
(513) 423-4790 Fax

PATIENT NAME: _____ **DATE:** _____

CHIEF COMPLAINT: _____

CONDITIONS – PAST OR PRESENT
(circle all that apply)

AIDS
Anemia
Anxiety
Arthritis
Asthma
Back pain
Blocked Neck Arteries
Blood Dyscrasias
Bronchitis
Bruises Easy
Cancer
Cataracts
Chills
Circulation Problems
Claudication
Congestive Heart Failure
Corrective Lens
Cough
COPD
CVA
Depression
Diabetes
Diverticulosis
Dysuria
Emphysema
Epilepsy
Fever
Fractures
Gallbladder
GERD
Glaucoma
Heart Disease
Hematuria
Hemoptysis
Hernia
High Blood Pressure
High Cholesterol
Hepatitis
Hypertension
Incontinence
Kidney Disease
Lesions
Lightheaded/Dizzy
Macular Degeneration
Movement Disorders
Myocardial Infarction
Nausea
Nephrolithiasis
Nightsweats
Parkinson's Disease
Peptic Ulcer Disease
Pneumonia
Polyuria
Prior Transfusion
Prostate
PTCA
Rashes
Rheumatic Fever
Scarlet Fever
Sinus
Syncope
TB
Thyroid Disease
Tremors
Tuberculosis
Varicose Veins
Vascular Disease
Vomiting
Ulcers
Other:
_____
_____
_____

SOCIAL HISTORY
(please circle yes or no)

Occupation _____

Smoke Yes No How much_____ Quit_____
Alcohol Yes No How much_____ Quit_____
Caffeine Yes No How much_____ Quit_____
Exercise Yes No How much_____ Quit_____
Substance Abuse Yes No Quit_____

PRIOR SURGICAL HISTORY
Please list all surgeries below
Please specify right or left side

1. _____
2. _____
3. _____
4. _____
5. _____

FAMILY MEDICAL HISTORY

Disease **Cause of Death** **Age**

FATHER

_____

MOTHER

_____

SIBLINGS

_____

CHILDREN

_____

DRUG & FOOD ALLERGIES

1. _____
2. _____
3. _____
4. _____
5. _____

OTHER PHYSICIANS (Please list all physicians you have seen in the past year)

Name Address/City Phone Number

1. Neurologist_____
2. Family Physician _____
3. Other _____

CURRENT MEDICATIONS:

(list all current medications including over the counter)

Name of Medication **Dose** **Frequency** **Prescribing Physician**

1. _____
2. _____
3. _____
4. _____
5. _____