# NEUROLOGY-NEW ADULT PATIENT VISIT FORM

Department of Neurology
1633 Medical Center Point, Colorado Springs, CO 80907

DaVita Medical Group

Patient Name: _____ DOB: _____ Today's Date: _____

Referring Provider: _____ Primary Care Provider: _____

**Please list below all medications that you are currently taking (or provide a list):**

| Name of Medicine | Dose | Frequency | Prescribed by/Other Info |
|---|---|---|---|
| **1.** | | | |
| **2.** | | | |
| **3.** | | | |
| **4.** | | | |
| **5.** | | | |
| **6.** | | | |
| **7.** | | | |
| **8.** | | | |
| **9.** | | | |

**List any allergies to medications, IV dyes, or foods:** _____

**SOCIAL HISTORY** □ Married □ Divorced □ Single □ Widowed □ Separated

**HABITS**

Cigarettes/Cigars □ No □ Yes, pks/day_____ Street Drugs □ No □ Yes, name _____

Alcohol □ No □ Yes, drinks/day ____ drinks/week _____ Caffeinated Drinks □ No □ Yes, _____drinks/day

**FAMILY HISTORY**

If any blood relative has suffered any of the following, please place a check by it and indicate which relative.

□ Epilepsy (seizures) _____ □ Stroke _____

□ Migraine headaches _____ □ Alcoholism _____

□ Mental illness _____ □ Genetic disease _____

□ High cholesterol _____ □ Cancer _____

□ Heart disease _____

**PREVIOUS HOSPITALIZATIONS AND/OR SURGERIES**

| **Year** | **Illness or Operation** | **Year** | **Illness or Operation** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |



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**Please place a check by any of the following symptoms that you have had *in the last 3 months*:**

| | | | | |
|---|---|---|---|---|
| **Constitutional:** | □ Weight Loss | □ Weight Gain | □ Fatigue | □ Fever |
| **Eyes:** | □ Worsening Vision | □ Double/Blurry Vision | | |
| **Musculoskeletal:** | □ Muscle Weakness | □ Numbness/Tingling | □ Back Pain – Frequent | |
| | □ Joint Pain | □ Neck Pain | | |
| **Respiratory:** | □ Chronic Cough | □ Shortness of Breath | | |
| **Neurologic:** | □ Convulsions/Seizures | □ Tremor/Hand Shaking | □ Headache | |
| **Genitourinary:** | □ Bladder Incontinence | □ Urgency | □ Frequency | |
| **Psychiatric:** | □ Nervousness/Anxiety | □ Depression | □ Memory Loss | |
| **Cardiovascular:** | □ Chest Pain or Tightness | □ Palpitations | | |
| **Heme/Lymph:** | □ Anemia | □ Easy Bruising | □ Swollen Glands | |
| **Skin:** | □ Rash | □ Hives | | |
| **Gastroenterology:** | □ Loss of Appetite | □ Heartburn | □ Abdominal Pain | □ Persistent Nausea |
| | □ Persistent Vomiting | □ Diarrhea | □ Constipation | □ Bloody Stool |
| **Endocrine:** | □ Diabetes | □ Thyroid Disease | □ Last Menstrual Period: _____ | |
| **HENT:** | □ Sinus Pain | □ Hoarseness | □ Decreased Hearing | |
| | □ Ringing in Ears | □ Change in Taste or Smell | | |
| **Sleep:** | □ Snoring – Loud | □ Change in Sleep | | |



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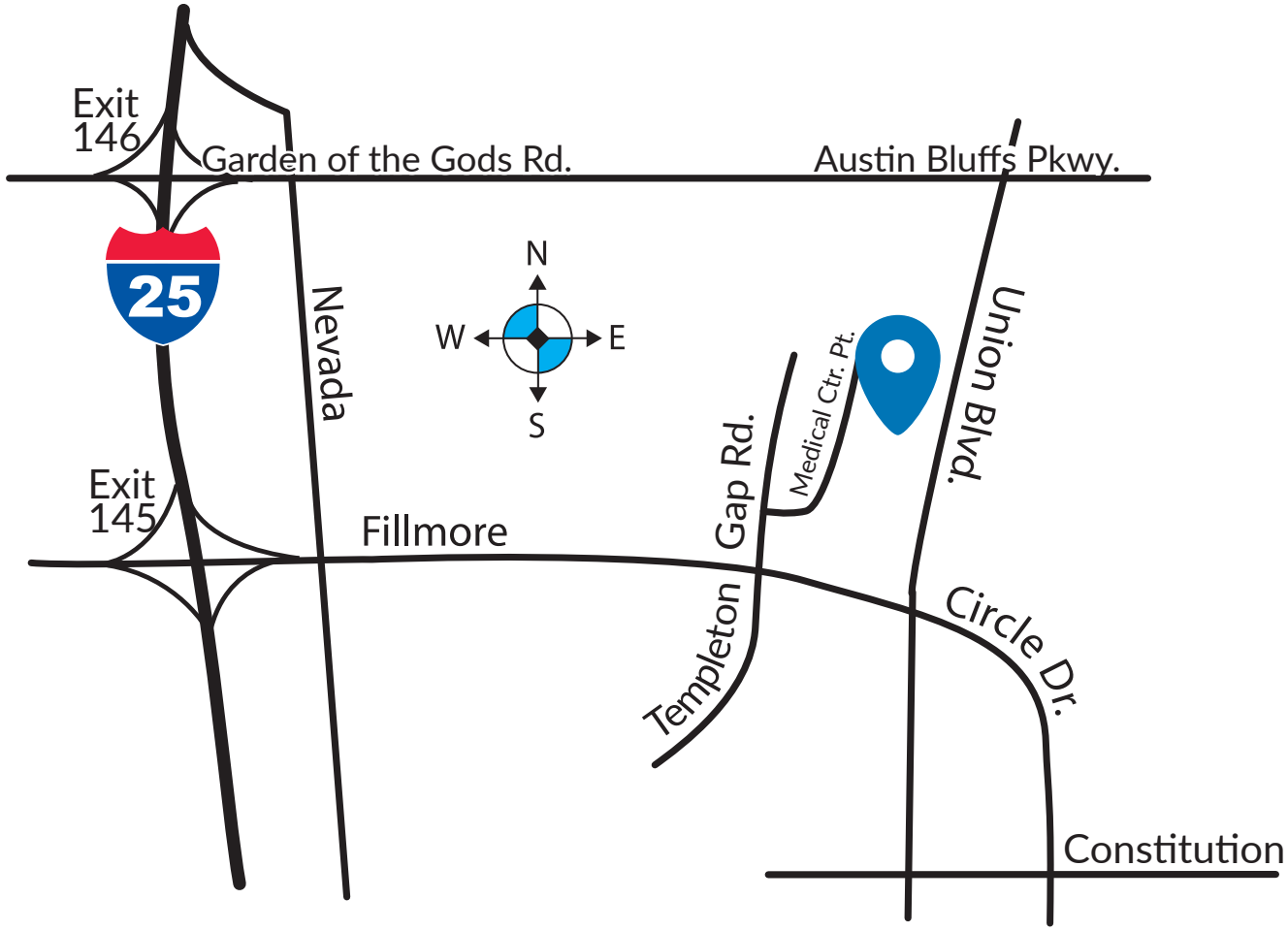
# DaVita Medical Group - Medical Center Point




*map not to scale

## 1633 Medical Center Point

Located on the northwest corner of Fillmore & Union

DaVita Medical Group