

Rocky Mountain Neurology
Dr. Amelia Scott Barrett and Dr. Daniel J. Kitei

Please fill out this form as completely as possible.

Patient name _____ Referring Doctor _____
 Age _____ Date of Birth _____ Height _____ Weight _____

Why were you referred to a neurologist- symptoms or condition? _____

Please list any medical conditions or major surgeries: _____

Please list the medications you currently take.

Name of medication	Number of mg.	How many times per day?

Are you allergic to any medications? Yes No
 If so, which ones? _____

Please circle answers to the following:

Smoking history: Current smoker Former smoker Never smoked
 Frequency of alcoholic beverages: Daily Weekly Rarely/never

Do your family members have any of the following conditions? Please circle.

Seizures or epilepsy Alzheimer's Disease Other _____
 Huntington's Disease Parkinson's Disease
 Cancer Heart attack
 Stroke Migraine

**Do you have any of the following symptoms? If so, please circle.
 (Symptoms go from left to right not up and down)**

Neurologic	Headache Neck Pain/ Back Pain Double vision Ringing in ears Balance problems	Difficulty swallowing Slurred speech Blackouts Dizziness Numbness	Tingling/burning Weakness Muscle cramps Tremors Memory problems
General	Weight loss/gain	Fevers	
Eyes	Blurry vision	Loss of vision	
Ear, Nose, Throat	Sinus infections	Ear pain/ fullness	
Cardiovascular	Heart palpitations	Passing out	
Respiratory	Shortness of breath	Cough	
Gastrointestinal	Incontinence	Constipation/Diarrhea	
Genitourinary	Incontinence	Painful urination	
Musculoskeletal	Joint pain	Joint swelling	
Skin	Rashes	Birthmarks	