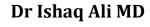




## **Comprehensive Neurology Specialists, PLLC**

Past Medical	cory (Tick the Box)	
Atrial Fibrillation	Hepatitis C	Parkinson's disease
Aortic Stenosis	Stomach ulcers	Stroke
Heart Disease	Anemia	Nerve/muscle disease
Heart Failure	Deep vein thrombosis	Neurologic Disease
High Cholesterol	Leukemia	Alcohol Problem
High Blood Pressure	Pulmonary embolism	Depression
Myocardial infarction	Infection w/ MRSA	Asthma
Blood clotting disorder	Infection with VRE	Emphysema (COPD)
Heart Murmur	Dementia	Obstructive sleep apnea
Artificial heart valve	Seizure Disorder	End stage renal disease
Blood vessel blockage	Brain tumor	Urinary insufficiency
Diabetes	Head injury	Obesity
Thyroid Disease	Migraine h/a	Drug abuse
Cancer	Tremors	Sexually transmitted Disease
Social History		
Tobacco Use: Non Smoker How Often Do You Smoke: Daily  3017 E.Renner Road, Suite 1		
www.comprehensiveneuro	logyspecialists.com sch	neduling@comprehensiveneurologyspecialists.com





## **Comprehensive Neurology Specialists, PLLC**

Alcohol Use							
Question 1: How often die	d you hav	e a drink	containing	g alcohol in the past year	r?		
Never Monthly or less 2 to 4 times a month 2 to 3 times per week 4 or more times a week							
Question 2: How many drinks did you have on a typical day when you were drinking in the past year?							
1 or 2 3 or 4 5 or 6 7 to 9 10 or more							
Question 3: How often did you have six or more drinks on one occasion in the past year?							
Never Less than monthly Monthly Weekly Daily or almost daily							
Family History Check if any first degree relative has any Medical Problem.							
and any mod argues relative has any modern resistant							
<b>Medical Conditions</b>	Father	Mother	Siblings	Other			
High Blood Pressure							
High Cholesterol							
Heart Disease							
Diabetes							
Stroke							
Cancer							
Migraines							
Thyroid Issues							
A111!							
Alcoholism							
Mental Illness Others/Specify							

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