COMPREHENSIVE
NEUROLOGY SPECIALISTS

Dr Ishaq Ali MD

Comprehensive Neurology Specialists, PLLC

Medical Questionnaire

Date:_____

Patient's Name:_____

Patients Date of Birth:_____

Reason For Visit:_____

Surgeries	Year	Complication

Hospitalizations	Year	Complication

3017 E.Renner Road, Suite 100, Richardson, TX 75082 **Phone# 469-902-9878** **Fax#469-638-8399**

www.comprehensiveneurologyspecialists.com **scheduling@comprehensiveneurologyspecialists.com**

Have you ever had problems with Anesthesia? YES NO

CT/MRI Studies	Location	Date	Doctor Ordering

Family History – Check if any blood relative has had any of the following. Indicate which relative.

___Diabetes	**___Asthma**	**___Osteoporosis**	**Note:_____**
___Heart Disease	**___Migraines**	**___Anemia**	**_____**
___Seizures	**___Alcoholism**	**___Thyroid Problem**	**_____**
___Allergies	**___Cancer**	**___High Blood Pressure**	**_____**
___Meniere's Disease	**___Arthritis**	**___Mental Illness**	**_____**
___Stroke	**___Glaucoma**	**___High Cholesterol**	**_____**

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