

Neurosurgery Initial Patient Questionnaire

To Our Patients:

If you are seeing one of our physicians for the first time, we would appreciate you answering the following questions. This will give us a clearer picture of your overall health and allow your doctor to help you better with your neurosurgical problem.

Name: _____ Date: _____

Age: _____ Height: _____ Weight: _____

Past Medical History:

Heart Attack	Y N	Diabetes	Y N	Cancer	Y N
High Blood Pressure	Y N	Emphysema	Y N	Liver Disease	Y N
Stroke	Y N	Blood Clots	Y N	Bleeding Problems	Y N
Asthma	Y N	Kidney Disease	Y N	Seizures	Y N

Surgical History and Dates

Allergies

Medication Allergies: _____

Other Allergies: _____

Family History

	Alive?	Age?	Health problems or cause of death
Mother	_____	_____	_____
Father	_____	_____	_____
Sister(s)	_____	_____	_____
Brother(s)	_____	_____	_____
Daughter(s)	_____	_____	_____
Son(s)	_____	_____	_____

Any other diseases in family? _____

Personal History

Highest level of education: _____ Occupation: _____

Do you drink alcoholic beverages? If so, how many drinks per week? _____

Have you used any drugs? If so, which and when? _____

OVER 

REVIEW OF SYMPTOMS (PLEASE CIRCLE ALL OF THE FOLLOWING THAT APPLY):

Neurological

- Loss of Smell
- Double Vision
- Difficulty swallowing
- Vision loss in one eye or the other
- Hearing loss
- Trouble with Balance/Coordination
- Ringling in the ears
- Back pain
- Weakness

General

- Weight Loss in the past year
- Weight gain in the past year
- Chest Pain
- Breast discharge
- Irregular heart beat
- Heart murmur
- Nausea/Vomiting
- Easy bruising
- Fever/Chills
- Frequent nose bleeds
- Hoarse voice
- Frequent headaches
- Shortness of Breath
- Kidney disease
- Liver disease
- Previous anesthesia issues
- Excessive bleeding during/after prior surgical procedure

For Women:

Last menstrual period? _____
Breast swelling or drainage? _____

For Men:

Prostate problems: _____
Genitourinary problems: _____