

# Baylor Scott & White Neurology - Plano

## Neurology Health History Questionnaire

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Who referred you to a Neurologist? \_\_\_\_\_ PCP: \_\_\_\_\_

What is your dominant hand? Left Right Ambidextrous

What condition or symptoms are you being seen for today? \_\_\_\_\_

How long has this been a problem? \_\_\_\_\_

What makes your symptoms worse? \_\_\_\_\_

What makes your symptoms better? \_\_\_\_\_

Do your symptoms occur at a certain time of day? \_\_\_\_\_

On a scale of 1-10, with 10 being the worst, how would you rate the severity of your symptoms? \_\_\_\_\_

What, if any, testing have you had done for this condition?  MRI  CT  Lab/Blood  EEG  EMG  
 Lumbar Puncture  Other: \_\_\_\_\_  N/A

Date and Location of previous testing: \_\_\_\_\_

Have you been treated for this condition?  Yes  No If YES, what was the treatment? \_\_\_\_\_

Have you previously seen a Neurologist?  Yes  No If YES, who? \_\_\_\_\_

What were you seen for? \_\_\_\_\_

List any previous surgeries, along with dates: \_\_\_\_\_

Who should we contact in case of emergency? Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone Number: \_\_\_\_\_

