



# Southern California Neurology Consultants

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## FOLLOW-UP VISIT PATIENT INTAKE FORM

Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

### REVIEW OF SYSTEMS:

Please place a check mark in the box next to any of the following symptoms or problems if you have experienced them recently or have concerns about them. If you don't understand something place a question mark "?" by it. Your doctor will discuss any positive responses with you.

**General:**

- Fatigue
- Fever
- Weight Gain
- Weight Loss

**Genitourinary:**

- Frequency
- Incontinence
- Painful Urination
- Urgency

**Hematology:**

- Abnormal Bleeding
- Blood Clots
- Easy Bruising
- Painful Lymph Nodes

**Skin:**

- Excessive Sweating
- Rash

**Musculoskeletal:**

- Back Pain
- Decreased Range of Motion
- Joint Pain
- Muscle Pain
- Muscle Weakness

**Neurological:**

- Auras
- Balance Problems
- Decreased Memory
- Difficulty Speaking
- Dizziness
- Fainting Spells
- Frequent Falls
- Headaches
- Incoordination
- Numbness/Tingling
- Paralysis
- Seizures
- Stroke
- Tremor
- Trouble Walking
- Vertigo
- Visual Changes
- Weakness

**HEENT:**

- Sleep Apnea
- Facial numbness/tingling

**Neck:**

- Neck Pain
- Neck Stiffness
- Neck Swelling

**Psychiatric:**

- Apathy
- Anxiety
- Change in Sleep Pattern
- Depression
- Hallucinations
- Nervousness
- Panic Attacks
- Trouble Falling Asleep

**Respiratory:**

- Difficulty Breathing
- Snoring
- Wheezing

**Cardiovascular:**

- Chest Pain
- Fainting/Blacking Out
- High Blood Pressure
- Irregular Heart Beat
- Swelling of Extremities

**Endocrine/Glands:**

- Appetite Changes
- Cold Intolerance
- Sexual Dysfunction
- Thyroid Problem

**Gastrointestinal:**

- Change in Bowel Habits
- Constipation
- Diarrhea
- Difficulty Swallowing
- Nausea
- Vomiting

**To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform this practice of any changes in my medical status.**

**Signature:** \_\_\_\_\_