

Neurological Clinical Summary

Name: _____
LAST FIRST MI

Date of Birth: _____ Age: _____

Right handed Left handed Ambidextrous

Referring Physician: _____

Primary Care Physician: _____

Main problem you would like the physician to address: _____

Current Medication and Dosages: (example: 50 mg twice daily) – If more, please attach list of medications

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician Use Only: _____

Past Tests for Current Problems (CT Scans, MRI, blood work, EEG, etc)

1. _____
2. _____
3. _____
4. _____
5. _____

Past Medical History (significant illnesses, injuries, hospitalizations, hypertension, heart problems, cancer, seizures, headaches)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Family History (list any epilepsy, strokes, mental retardation, cancer, diabetes, lupus, muscle or nerve disorders, psychiatric illnesses, etc.)

Father: (Age) Living Deceased

Mother: (Age) Living Deceased

Siblings (include ages): _____

Past Treatments for This Problem

Past Surgical History: (list any previous operations, approximate year and surgeon)

1. _____
2. _____
3. _____
4. _____
5. _____

Social History:

Marital Status: Single Married Divorced
 Separated Widowed

Tobacco Use: Yes No Previous use
_____ # packs per day for _____ years
_____ # years since quit

Alcohol use: Yes No

Caffeine use: Yes No

Occupation: _____

Allergies to Medications (list medication and effect, e.g. rash)

Medication	Reaction
_____	_____
_____	_____
_____	_____

REVIEW OF SYSTEMS:

General:

- recent weight change
 - gain (# lbs in past 6 months _____)
 - loss
- fatigue
- fevers
- poor appetite
- poor concentration
- low energy level
- recent stress
- history of depression/anxiety

Muscle, Joints, Skin:

- joint pain
- muscle pain/tenderness
- joint swelling/redness
- rash

Miscellaneous:

- travel outside the U.S.
- recent vaccinations
- recent tick bites
- history of blood transfusion
- history of hepatitis

Sleep:

- trouble getting to sleep
- trouble staying asleep
- snoring
- trouble breathing during sleep
- restless legs
- daytime drowsiness

Developmental:

Any known problems with your birth:
 yes no

Developmental milestones reached in a normal fashion (walked, talked, rode bicycle): yes no

Nervous System:

- febrile seizures
- seizures
- visual disturbance (double vision, temporary blindness in one eye, etc.)
- temporary slurred speech
- difficulty swallowing
- difficulty hearing, ringing in ears
- numbness, tingling, or burning
- weakness
- stroke
- headaches
- head injury with loss of consciousness
- blackouts
- memory disturbance
- dizziness
- tremor

Cardiovascular:

- chest pain
- heart attack

Respiratory:

- shortness of breath
- cough

Digestive:

- nausea/vomiting
- diarrhea
- incontinence

Urinary:

- incontinence
- urgency
- frequency
- loss of sensation
- impotence

Eyes:

- wear glasses
- cataracts
- glaucoma

Ears:

- difficulty hearing
- pain
- ringing

Mouth:

- changes in sense of taste
- jaw, gum, tooth pain

Nose and Throat:

- changes in sense of smell

Use this scale to choose the most appropriate number for each situation.

	0	1	2	3
	would never doze	slight chance of dozing	moderate chance of dozing	high chance of dozing
Situation	Chance of dozing (0 to 3)			
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place (e.g. a theater or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (when you've had no alcohol)	0	1	2	3
In a car, while stopped in traffic	0	1	2	3
Total Score				

Physician Use Only:

IMPRESSION:

APPEARANCE

HEENT

NECK

CV

ABD

EXTR

JOINTS

BACK/SLR

SKIN

MMSE

SPEECH

LANG (names, repeats)

CN

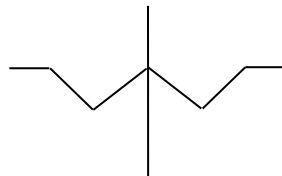
I II OD OS III / IV / VI

V VII VIII IX

X XI XII

MOTOR

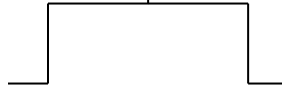
Tone
Volume
Movement



PLAN:

SENS

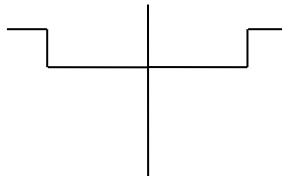
PP/temp
Light touch
Vibration
Position
Romberg



DTRs

COORD

FNF
HS
RAM
FFMS



GAIT

Stride
Heel
Toe
Tandem

Hall Pike