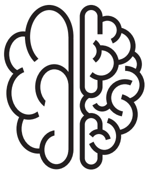

Tidewater Neurologists, Inc. & Sleep Disorder Specialists

PARTNERING FOR BEST SLEEP & BRAIN HEALTH

HISTORY & PHYSICAL

Name:______________________________ DOB ______________ Date: ________

CHIEF COMPLAINT

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MEDICAL HISTORY

- ❑ Headache/Migraine ______________
- ❑ Headache/Tension ______________
- ❑ Epilepsy/Seizures ______________
- ❑ Cerebro Vascular______________
- ❑ Other Neuromuscular ______________
- ❑ Head Injury______________
- ❑ Spinal Cord Injury ______________
- ❑ Cervical Spine Disease ______________
- ❑ Lumbar Spine Disease______________
- ❑ CNS Malignancy______________
- ❑ Depression______________
- ❑ Coronary Artery Disease ______________
- ❑ MI ______________
- ❑ Arrhythmias ______________
- ❑ Congestive Heart Failure ______________
- ❑ Murmur ______________
- ❑ Hypertension______________
- ❑ COPD ______________
- ❑ Pneumonia ______________
- ❑ Asthma______________
- ❑ Peptic Ulcer Disease ______________
- ❑ Colonic Polyps______________
- ❑ Anemia______________
- ❑ Diabetes______________
- ❑ Peripheral Vascular Disease ______________
- ❑ Thyroid Disease______________
- ❑ Menstrual/Sexual Dysfunction ______________
- ❑ Other Endocrine______________
- ❑ Liver Disease/Hepatitis ______________
- ❑ Renal Disease______________
- ❑ Genitourinary Disease ______________
- ❑ Venereal Disease______________
- ❑ Arthritis ______________
- ❑ Cancer ______________
- ❑ Tuberculosis ______________
- ❑ HIV______________
- ❑ E+OH Abuse ______________
- ❑ Drug Use______________
- ❑ Exposures ______________
- ❑ Mumps______________
- ❑ Measles ______________
- ❑ Polio______________
- ❑ Rheumatic Fever ______________
- ❑ Allergy/Hay Fever ______________
- ❑ Other ______________

DRUG ALLERGIES

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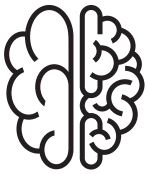
PRIOR SURGERIES / HOSPITALIZATIONS

Reason:____

____

Pregnant now? ❑ YES ❑ NO



Tidewater Neurologists, Inc. &
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PARTNERING FOR BEST SLEEP & BRAIN HEALTH

HISTORY & PHYSICAL

Name:________________________ DOB ________________ Page #: ________

REVIEW OF SYSTEMS - GENERAL

- ☐ Fatigue ____________
- ☐ Weight Loss ____________
- ☐ Fevers ____________
- ☐ Depression ____________
- ☐ Ear / Nose / Throat ____________
- ☐ Cardiac ____________
- ☐ Respiratory ____________
- ☐ Peripheral Vascular ____________
- ☐ Gastrointestinal ____________
- ☐ Other ____________
- ☐ Genitourinary ____________
- ☐ Musculoskeletal ____________
- ☐ Dermatologic ____________
- ☐ Hematologic ____________
- ☐ Other ____________

REVIEW OF SYSTEMS - NEUROLOGIC

- ☐ Headache ____________
- ☐ Dizziness ____________
- ☐ Syncope ____________
- ☐ Confusion ____________
- ☐ Concentration ____________
- ☐ Memory ____________
- ☐ Lethargy ____________
- ☐ Personality Change ____________
- ☐ Hallucinations ____________
- ☐ Speech Difficulty ____________
- ☐ Spells ____________
- ☐ Nausea ____________
- ☐ Vomiting ____________
- ☐ Trouble with Smell ____________
- ☐ Blurred Vision ____________
- ☐ Diplopia ____________
- ☐ Amaurosis ____________
- ☐ Other Visual Changes ____________
- ☐ Difficulty Chewing ____________
- ☐ Facial Numbness / Tingling ____________
- ☐ Drooling ____________
- ☐ Difficulty Tasting ____________
- ☐ Tinnitus ____________
- ☐ Vertigo ____________
- ☐ Decreased Hearing R / L ____________
- ☐ Dysphagia ____________
- ☐ Hoarseness ____________
- ☐ Choking ____________
- ☐ Weakness - Arms ____________
- ☐ Weakness - Legs ____________
- ☐ Numbness - Arms ____________
- ☐ Numbness - Legs ____________
- ☐ Paresthesias ____________
- ☐ Stiffness ____________
- ☐ Clumsiness ____________
- ☐ Pain ____________
- ☐ Poor Balance ____________
- ☐ Poor Coordination ____________
- ☐ Trouble Walking ____________
- ☐ Incontinence - Bladder ____________
- ☐ Incontinence - Bowel ____________
- ☐ Other ____________

FAMILY HISTORY

	Father	Mother	Father's Parents	Mother's Parents	Siblings	Children
Heart Disease	☐	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐
Arthritis	☐	☐	☐	☐	☐	☐
Bleeding Disorder	☐	☐	☐	☐	☐	☐
Kidney Disorder	☐	☐	☐	☐	☐	☐
Thyroid Disease	☐	☐	☐	☐	☐	☐
CNS Tumors	☐	☐	☐	☐	☐	☐
Epilepsy	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐
Mental Illness	☐	☐	☐	☐	☐	☐
Dementia	☐	☐	☐	☐	☐	☐
Neuromuscular	☐	☐	☐	☐	☐	☐
Other__________	☐	☐	☐	☐	☐	☐

ADDITIONAL REMARKS

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