Adirondack Neurology Associates, PC
420 Glen Street, Glens Falls, NY 12801
Phone: 518-793-9155 Fax: 518-793-6778

PATIENT NAME: _____DATE OF BIRTH: _____ SS# _____

Marital Status: Single / Widowed / Separated / Divorced / Married Employer: _____

Sex: _____ Race/Ethnicity: _____

Primary Doctor: _____ Height: _____Weight: _____

Reason for visit (chief complaint): _____

HEALTH HISTORY

Patient's History-Do you currently, or have you in the past, had problems with any of the following (please check):		
_____Arthritis	_____Heart Disease	_____Seizure
_____Asthma	_____High Blood Pressure	_____Stroke
_____Cancer	_____Migraine	_____Ulcer
_____Diabetes	_____Neuropathy	_____Other:_____

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING AND THE DOSAGE IF KNOWN			
DRUG NAME	DOSAGE	DRUG NAME	DOSAGE

LIST ALLERGIES	
DRUG ALLERGIES	OTHER ALLERGIES

Pharmacy Name & Address: _____

Permission to electronically obtain prescription history from pharmacy? Yes No

SOCIAL/PERSONAL HISTORY				
Do you smoke?		Yes, Packs Per Day?:		No
Do you drink alcohol?		Yes, Drinks Per Day/Week?:		No

	FAMILY MEDICAL HISTORY -Check Box(s) for Yes		
	FATHER	MOTHER	CHILDREN
Arthritis			
Asthma			
Cancer			
Diabetes			
Heart Disease			
High Blood Pressure			
Migraine			
Neuropathy			
Seizure			
Stroke			
Ulcer			
Other:			

REVIEW OF SYSTEMS - please check all that apply

CONSTITUTIONAL SYMPTOMS		**SKIN**	
	Chills		Birth Marks
	Fatigue		Color Changes
	Fever		Easy Bruising
	Night Sweats		Itching
	Weight Change		Rashes
EYES		**NEUROLOGICAL**	
	Blurred Vision		Clumsiness
	Vision Loss		Concentration Problems
	Double Vision		Confusion
EARS, NOSE, MOUTH & THROAT			Dizziness
	Hoarseness		Facial Numbness
	Nose Bleeds		Headaches
	Ringing in Ears		Hearing Loss R / L
	Sinus Problem		Memory Loss
CARDIOVASCULAR			Numbness – Arms
	Chest Pain		Numbness – Legs
	Palpitations		Passing Out
	Heart Murmur		Pins/Needles (where):
RESPIRATORY			Speech-Slurring
	Chronic Cough		Stiffness
	Coughing up Blood		Swallowing Problems
	Shortness of Breath		Tremor
GASTROINTESTINAL			Weakness - Arms
	Blood in Stool		Weakness- Legs
	Constipation	**PSYCHIATRIC**	
	Diarrhea		Anxiety
	Loss of Appetite		Depression
	Nausea		Hallucinations
	Vomiting		Personality Changes
	Vomiting Blood		Sleep Disturbances
GENITOURINARY		**ENDOCRINE**	
	Burning		Extreme Thirst
	Hesitancy		Temperature Intolerance
	Incontinence	**HEMATOLOGIC/LYMPHATIC**	
	Nocturia/ Frequent nighttime urination		Abnormal Bleeding
	Prostate Problems		Abnormal Clotting
	Urgency		Allergies
	Urinary Frequency		Frequent Infections
WOMEN – GENITOURINARY			Immunodeficiency
	Planning Pregnancy		
	Post Menopause		
	Pregnant		
MUSCULOSKELATAL			
	Arthritis		
	Joint Swelling / Pain		
	Muscle Aches		
	Pain-Back		
	Pain-Neck		

Signature_____**Date**_____