



# MAGNIFICENT MINDS NEUROLOGY CENTER

SONAL G. PATEL, M.D.

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

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

REASON FOR VISIT (Physical Symptoms): \_\_\_\_\_

DRUG ALLERGIES:  No Known Drug Allergies

PAST MEDICAL HISTORY: \_\_\_\_\_

BIRTH HISTORY:  Vaginal  C-Section # Weeks Gestation: \_\_\_\_\_ Birth Weight \_\_\_\_\_ Complications:

DEVELOPMENTAL HISTORY (months): Sitting \_\_\_\_\_ Walking \_\_\_\_\_ Talking \_\_\_\_\_

SOCIAL HISTORY: Who Lives in the home (including pets): \_\_\_\_\_

# of siblings (any medical issues): \_\_\_\_\_ Grade Level: \_\_\_\_\_ Special Education:  Yes  No

SURGICAL HISTORY: \_\_\_\_\_

FAMILY MEDICAL HISTORY:  Seizures  Migraines/Headaches  Developmental Delay  Genetic Disorders  
 Neuromuscular Disorder  Other: \_\_\_\_\_

CURRENT MEDICATIONS: use back of sheet for additional medications

Medication Name mg Dose # Taken Daily

Medication Name mg Dose # Taken Daily

Medication Name mg Dose # Taken Daily

Medication Name mg Dose # Taken Daily

Medication Name mg Dose # Taken Daily

Medication Name mg Dose # Taken Daily

## PHARMACY

Name

Street

City

Zip

Have you recently had any of the following tests:  EEG  MRI  CT  Labs  Other: \_\_\_\_\_  
 Normal  Normal  Normal  
 Abnormal  Abnormal  Abnormal

## REVIEW OF SYSTEMS: check all that apply

GENERAL:  Fever  Weight Gain > 10 lbs.  Weight Loss >10 lbs.  Fatigue  Anorexia

EYES:  Blurred Vision  Double Vision  Vision Loss

EARS:  Ringing in the Ears  Dizziness  Hearing Loss  Ear Tubes

MOUTH/THROAT:  Dry Mouth  Difficulty Swallowing  Mouth Sores

CARDIOVASCULAR:  Chest Pain  Dizziness upon Standing  Palpitations  Syncope  
 Murmur/Heart Defects

RESPIRATORY:  Wheezing  Shortness of Breath  Asthma  Lung Defects

GASTROINTESTINAL:  Abdominal Pain  Heartburn  Nausea  Vomiting  Diarrhea  Constipation

MUSCULOSKELETAL:  Muscle Aches  Joint Swelling/Pain  Back Pain  Neck Pain

SKIN:  Rash  Sunburns Easily  Dry Skin  Birth Marks

HEMATOLOGIC:  Anemia  Easy Bleeding Tendency  Easy Bruising Tendency

NEUROLOGICAL:  Dizziness  Trouble Walking  Weakness  Loss of Sensation  Poor Coordination  
 Poor Attention  Sleepiness  Insomnia  Headache  Numbness/Tingling

PSYCHIATRY:  Mood Swings  Depression  Anxiety  Behavioral Problems  Change in School

URINARY:  Urinary Loss of Control  Difficulty Urinating  Increased Urinary Frequency

Blood in Urine  Incomplete Emptying  Involuntary Nighttime Urination

BREAST:  Breast Mass  Breast Pain

ENDOCRINE:  Increased Thirst  Hair Loss  Increased Hair Growth  Cold Intolerance

ALLERGY:  Runny Nose  Sinus Pressure  Itching  Hives  Frequent Sneezing