



MAGNIFICENT MINDS NEUROLOGY CENTER

SONAL G. PATEL, M.D.

Patient Name: _____

DOB: _____

Height: _____ Weight: _____

Referring Dr.: _____

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

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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