

Neurosurgical Associates Patient Update Form

DATE: _____

PATIENT NAME: _____ DOB: _____ Ht: _____ Wt: _____ EMAIL: _____

1. Please list any changes to your home address, insurance and/or phone number(s) since your last visit. No Changes

Address: _____ Phone Numbers: (H) _____ (C) _____ Ins.: _____

2. Please note any **NEW** medications and/or allergies since your last visit.

MEDICATIONS: No Changes

Discontinued: _____

New : _____

ALLERGIES: No Changes

No Known Drug Allergies

New: _____

3. **HISTORY OF PRESENT ILLNESS:** Please complete this section if applicable.

Please rate your pain on a scale of 0 to 10: 0 1 2 3 4 5 6 7 8 9 10

What symptoms are you experiencing today? no symptoms back pain neck pain numbness
 weakness leg pain arm pain

What makes your symptoms **better**? sitting standing bending forward bending backward laying flat
 walking injections pain medication physical therapy nothing

What makes your symptoms **worse**? sitting standing bending forward bending backward laying flat
 walking injections pain medication physical therapy nothing

4. Please check any **NEW** medical conditions, symptoms, surgeries and/or family history since your last office visit.

MEDICAL HISTORY: No Changes

Hypertension Diabetes Pacemaker Congestive Heart Failure Stroke
 Coronary Artery Disease Kidney Failure Heart Attack Elevated Cholesterol Cancer
 COPD

REVIEW OF SYSTEMS: No Changes

Chest Pain Ringing in ears Sexual Dysfunction Loss of consciousness
 Fatigue Hearing Loss Frequent or painful urination Memory Loss
 Leg Swelling Depression Trouble concentrating Weakness
 Blurred Vision Anxiety Headache Vertigo
 Weight loss or gain Urinary Urgency or Incontinence

SURGICAL HISTORY: No Changes

Colonoscopy Prostate Surgery Ulcer Surgery Knee Surgery
 Breast Cancer Surgery Cholecystectomy Appendectomy Weight Loss Surgery
 Heart Valve Replacement Bypass Surgery Hysterectomy Hip Surgery

FAMILY HISTORY: No Changes

Arthritis Hypertension Cancer Diabetes
 Heart Attack Heart Disease High Cholesterol Stroke

5. Please check the appropriate box for each **SOCIAL HISTORY** section.

Tobacco Use:

current smoker
 previous smoker
 nonsmoker

Alcohol Consumption:

drinks alcohol
 does not drink alcohol

Drug Use:

uses illicit drugs
 previous drug use
 does not use drugs