

# Associates In Neurology, P.C.

**Main Office**

27555 Middlebelt Road  
Farmington Hills, MI 48334  
Phone (248) 478-5512 Fax (248) 478-5350

**Providence Novi**

26850 Providence Parkway, Suite 210  
Novi, MI 48374  
Phone (248) 735-0502 Fax (248) 735-0507

**Providence Medical Building**

22250 Providence Drive, Suite 602  
Southfield, MI 48075  
Phone (248) 443-1666 Fax (248) 443-0468

**Milford Medical Village**

1435 N. Milford Road  
Milford, MI 48381  
Phone (248) 685-8435 Fax (248) 685-8039

<b>DATE</b>	
<b>PATIENT NAME</b>	
<b>DATE OF BIRTH</b>	

<b>FAMILY/INTERNAL MEDICINE DOCTOR</b>	<b>REFERRING DOCTOR (if same, write same)</b>
<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
<b>Phone</b>	<b>Phone</b>

### Patient History Information and Review of Systems

**Past Medical History:**

**Medical:** \_\_\_\_\_  
\_\_\_\_\_

**Surgical:** \_\_\_\_\_  
\_\_\_\_\_

**Transfusion History:** \_\_\_\_\_  
\_\_\_\_\_

**Childhood Diseases:** \_\_\_\_\_  
\_\_\_\_\_

**Current Allergy List:** \_\_\_\_\_  
\_\_\_\_\_

**Current Medications : (including name, dosage and how many times taken):**

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**Family History:**

**General Family Illness:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

**Social History:**

**Alcohol Use:** \_\_\_\_\_

**Tobacco Use:** \_\_\_\_\_

**Caffeine:** \_\_\_\_\_

**Exercise:** \_\_\_\_\_

**Pets in Home:** \_\_\_\_\_

**Please Check All That Apply**

**General Symptoms:**

- Weight Gain
- Weight Loss
- Fever
- None

**Eyes:**

- Loss of Vision
- Change in Vision
- None

**Ear/Nose/Mouth/Throat:**

- Hearing Changes
- Hoarseness
- Swallowing Difficulties
- None

**Respiratory:**

- Shortness of Breath
- Cough
- Hemoptysis

**Cardiac:**

- Chest Pain
- Palpitations
- Tachyarrhythmia
- Edema
- None

**Gastrointestinal:**

- Abdominal Pain
- Change in Bowel
- Heartburn
- None

**Genitourinary:**

- Change in Frequency
- Urgency
- Incontinence
- Hematuria
- Dysuria
- None

**Musculoskeletal:**

- Muscle Pain
- Joint Pain
- Weakness
- Swelling
- Inflammation
- Restriction of Motion
- Atrophy
- Backache
- None

**Skin/Chest Wall:**

- Rash
- Sores
- Blisters
- Growths
- Changing Moles
- Discolorations
- Non-healing Lesions
- Abnormalities in Chest Wall
- None

**Psychiatric:**

- Recent Change in Mood**
- Change in Behavior**
- None**

**Endocrine:**

- Heat Intolerance**
- Cold Intolerance**
- Change in Hair Distribution**
- Excessive Thirst**
- Excessive Hunger**
- Excessive Urination**
- Change in Energy Level**
- None**

**Hematologic/Lymphatic:**

- Abnormal Bruising**
- Abnormal Bleeding**
- Swollen Lymph Nodes**
- Tender Lymph Nodes**
- Painful Lymph Nodes**
- None**