A BO		Patient Name:	
and the second	AGNIFICENT MINDS	DOB:	
	NEUROLOGY CENTER	Height: Weight:	
	SONAL G. PATEL, M.D.		
Jest -		Referring Dr.:	
REASON FOR VISIT (Ph	ysical Symptoms):		
DRUG ALLERGIES:	No Known Drug Allergies		
PAST MEDICAL HISTOF	RY:		
BIRTH HISTORY: 🗆 Va	ginal	station: Birth Weight Complication	ns: 🗆
DEVELOPMENTAL HIST	TORY (months): Sitting Wa	alking Talking	
SOCIAL HISTORY: Who	o Lives in the home (including pets):		
	_ Special Education: _ Yes _ No	# of siblings (any medical issues):	
		/ Headaches 🗆 Developmental Delay 🗆 Genetic D	isorders
	-	r 🗆 Other:	1301 0113
CURRENT MEDICATIO	NS: use back of sheet for additional r		
Medication Name mg Dose	# Taken Daily Medication Name mg	g Dose # Taken Daily Medication Name mg Dose # Taker	Daily
Medication Name mg Dose			
Medication Name mg Dose			Daily
Medication Name mg Dose			Daily
			Daily Zip
Medication Name mg Dose PHARMACY Name Have you recently had	# Taken Daily Medication Name mg	g Dose # Taken Daily Medication Name mg Dose # Taken Street City O MRI O CT Dabs Other:	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS:	# Taken Daily Medication Name mg	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Abnormal Abnormal	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> :	# Taken Daily Medication Name mg	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Abnormal Weight Loss >10 lbs. □ Fatigue □ Anorexia	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> :	# Taken Daily Medication Name mg	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Abnormal Abnormal Weight Loss >10 lbs. □ Fatigue □ Anorexia Street City City City City City City City City	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> :	# Taken Daily Medication Name mg	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Abnormal Abnormal Weight Loss >10 lbs. □ Fatigue □ Anorexia Hearing Loss □ Ear Tubes	Zip
Medication Name mg Dose PHARMACY Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> :	# Taken Daily Medication Name mg l any of the following tests:	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Normal Abnormal Weight Loss >10 lbs. □ Fatigue □ Anorexia Hearing Loss □ Ear Tubes wing □ Mouth Sores	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> :	# Taken Daily Medication Name mg I any of the following tests: BEEG Normal Abnormal Abnormal Fever Blurred Vision Ringing in the Ears Dry Mouth Chest Pain Dizziness upon St	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Abnormal Abnormal Weight Loss >10 lbs. □ Fatigue □ Anorexia Hearing Loss □ Ear Tubes	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG Normal Abnormal check all that apply Fever Weight Gain > 10 lbs. Blurred Vision Double Vision Blurred Vision Dizziness Dry Mouth Difficulty Swallow Chest Pain Dizziness upon St Murmur/Heart Defects	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Abnormal Weight Loss >10 lbs. Fatigue Anorexia Vision Loss Ear Tubes Hearing Loss Ear Tubes wing Mouth Sores canding Palpitations Syncope	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> : <u>RESPIRATORY</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG	g Dose # Taken Daily Street City MRI CT Labs Other: Normal Normal <td>Zip</td>	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> : <u>RESPIRATORY</u> : <u>GASTROINTESTINAL</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG a Normal Abnormal check all that apply Fever Weight Gain > 10 lbs. Blurred Vision Double Vision Ringing in the Ears Dizziness Dry Mouth Difficulty Swallow Chest Pain Dizziness upon St Murmur/Heart Defects Wheezing Abdominal Pain Heartburn	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Abnormal Normal Abnormal Abnormal Weight Loss >10 lbs. Fatigue Anorexia Usion Loss Hearing Loss Ear Tubes Wing Mouth Sores Syncope th Asthma Lung Defects Nausea Vomiting Diarrhea Constipation	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> : <u>RESPIRATORY</u> : <u>GASTROINTESTINAL</u> : <u>MUSCULOSKELETAL</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG Normal Normal Abnormal Normal check all that apply Fever Weight Gain > 10 lbs. Blurred Vision Double Vision	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Normal Abnormal Normal Normal Abnormal Weight Loss >10 lbs. Fatigue Anorexia Vision Loss Ear Tubes Hearing Loss Ear Tubes wing Mouth Sores canding Palpitations Syncope th Asthma Lung Defects Nausea Vomiting Diarrhea Constipation /Pain Back Pain Neck Pain	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> : <u>RESPIRATORY</u> : <u>GASTROINTESTINAL</u> : <u>MUSCULOSKELETAL</u> : <u>SKIN</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG I any of the following tests: EEG I any of the following tests: Abnormal I any of the following tests: Image: Cest and the set of the set	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Normal Abnormal Abnormal Weight Loss >10 lbs. Fatigue Anorexia Weight Loss >10 lbs. Fatigue Anorexia Hearing Loss Ear Tubes Wing Mouth Sores canding Palpitations Syncope th Asthma Lung Defects Nausea Vomiting Diarrhea Constipation /Pain Back Pain Neck Pain Constipation /Skin Birth Marks Start Source Start Source	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> : <u>RESPIRATORY</u> : <u>GASTROINTESTINAL</u> : <u>MUSCULOSKELETAL</u> : <u>SKIN</u> : <u>HEMATOLOGIC</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG I any of the following tests: EEG I any of the following tests: Abnormal I any of the following tests: EEG I any of the following tests: EEG I any of the following tests: I EEG I any of the following tests: I EEG I any of the following tests: I Normal I any of the following tests: I EEG I any of the following tests: I EEG I any of the following tests: I Easy Bleeding Tende	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Abnormal Weight Loss >10 lbs. Fatigue Anorexia Weight Loss >10 lbs. Fatigue Anorexia Hearing Loss Ear Tubes wing Mouth Sores canding Palpitations Syncope th Asthma Lung Defects Nausea Vomiting Diarrhea Constipation /Pain Back Pain Neck Pain Skin Birth Marks Ency Easy Bruising Tendency	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> : <u>RESPIRATORY</u> : <u>GASTROINTESTINAL</u> : <u>MUSCULOSKELETAL</u> : <u>SKIN</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG Normal Normal Abnormal Abnormal check all that apply Fever Weight Gain > 10 lbs. Blurred Vision Double Vision Ringing in the Ears Dizziness Dry Mouth Difficulty Swallow Chest Pain Dizziness upon St Murmur/Heart Defects Wheezing Abdominal Pain Heartburn Muscle Aches Joint Swelling, Rash Sunburns Easily Dry Anemia Easy Bleeding Tender Dizziness Trouble Walking	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Normal Abnormal Normal Normal Abnormal Weight Loss >10 lbs. Fatigue Anorexia Vision Loss Ear Tubes Hearing Loss Ear Tubes wing Mouth Sores canding Palpitations Syncope th Asthma Lung Defects Nausea Vomiting Diarrhea Constipation /Pain Back Pain Neck Pain Skin Birth Marks Ency Easy Bruising Tendency Weakness Loss of Sensation Poor Coordina	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> : <u>RESPIRATORY</u> : <u>GASTROINTESTINAL</u> : <u>MUSCULOSKELETAL</u> : <u>SKIN</u> : <u>HEMATOLOGIC</u> : <u>NEUROLOGICAL</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG I any of the following tests: EEG I any of the following tests: Abormal I any of the following tests: EEG I any of the following tests: EEG I any of the following tests: I EEG I any of the following tests: Normal I any of the following tests: I EEG I any of the following tests: I EEG I any of the following tests: I EEG I any of the following tests: I Easy Bleeding Tender I any of the following tests: I any of the following tests: I any of the following tests: I any of the following tests: I any of the following tests: I on the following tests: I any of the following tests: I on the following tests: I any of the following tests: I on the following tests: I any of the following tests: I on the following tests: I any of the following tests: I on the following tests: I any of the following tests: I on the following tests: I any of the following tests: I on the following tests: I any of tests: <td>g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Normal Normal Abnormal Abnormal Weight Loss >10 lbs. Fatigue Anorexia Vision Loss Ear Tubes Hearing Loss Ear Tubes wing Mouth Sores canding Palpitations Syncope th Asthma Lung Defects Nausea Vomiting Diarrhea Constipation /Pain Back Pain Neck Pain Yeakness /Skin Birth Marks Ency Easy Bruising Tendency Weakness Loss of Sensation Poor Coordina</td> <td>Zip</td>	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Normal Normal Abnormal Abnormal Weight Loss >10 lbs. Fatigue Anorexia Vision Loss Ear Tubes Hearing Loss Ear Tubes wing Mouth Sores canding Palpitations Syncope th Asthma Lung Defects Nausea Vomiting Diarrhea Constipation /Pain Back Pain Neck Pain Yeakness /Skin Birth Marks Ency Easy Bruising Tendency Weakness Loss of Sensation Poor Coordina	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> : <u>RESPIRATORY</u> : <u>GASTROINTESTINAL</u> : <u>MUSCULOSKELETAL</u> : <u>SKIN</u> : <u>HEMATOLOGIC</u> : <u>NEUROLOGICAL</u> : <u>PSYCHIATRY</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG Normal Abnormal Abnormal Abnormal check all that apply Fever Weight Gain > 10 lbs. Blurred Vision Double Vision Blurred Vision Double Vision Blurred Vision Double Vision Blurred Vision Dizziness Dry Mouth Difficulty Swallow Chest Pain Dizziness upon St Murmur/Heart Defects Wheezing Murmur/Heart Defects Wheezing Muscle Aches Joint Swelling, Abdominal Pain Heartburn Muscle Aches Joint Swelling, Anemia Easy Bleeding Tende Dizziness Trouble Walking Poor Attention Sleepiness Mood Swings Depression	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other:	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> : <u>RESPIRATORY</u> : <u>GASTROINTESTINAL</u> : <u>MUSCULOSKELETAL</u> : <u>SKIN</u> : <u>HEMATOLOGIC</u> : <u>NEUROLOGICAL</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG Normal Abnormal Check all that apply Fever Weight Gain > 10 lbs. Blurred Vision Double Vision Ringing in the Ears Dizziness Dry Mouth Difficulty Swallow Chest Pain Dizziness upon St Murmur/Heart Defects Wheezing Abdominal Pain Heartburn Muscle Aches Joint Swelling, Rash Sunburns Easily Dry Anemia Easy Bleeding Tender Dizziness Trouble Walking Poor Attention Sleepiness Mood Swings Depression	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other:	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> : <u>RESPIRATORY</u> : <u>GASTROINTESTINAL</u> : <u>MUSCULOSKELETAL</u> : <u>SKIN</u> : <u>HEMATOLOGIC</u> : <u>NEUROLOGICAL</u> : <u>PSYCHIATRY</u> : <u>URINARY</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG Normal Abnormal Abnormal Abnormal check all that apply Fever Weight Gain > 10 lbs. Blurred Vision Double Vision Blurred Vision Dizziness Blurred Vision Double Vision Blurred Vision Dizziness Blurred Vision Dizziness upon St Blurred Vision Dizziness of Breat Murmur/Heart Defects Wheezing Muscle Aches Joint Swelling, Bluce Aches Joint Swelling, Blue Aches Joint Swelling, Blue Aches Joint Swelling, Blue Aches Joint Swelling, Blue Aches Joint Swelling, Blood Swings Depression	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other:	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> : <u>RESPIRATORY</u> : <u>GASTROINTESTINAL</u> : <u>MUSCULOSKELETAL</u> : <u>SKIN</u> : <u>HEMATOLOGIC</u> : <u>NEUROLOGICAL</u> : <u>PSYCHIATRY</u> : <u>URINARY</u> : <u>BREAST</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG Normal Normal Abnormal Abnormal check all that apply Fever Weight Gain > 10 lbs. Blurred Vision Double Vision Ringing in the Ears Dizziness Dry Mouth Difficulty Swallow Chest Pain Dizziness upon St Murmur/Heart Defects Wheezing Wheezing Shortness of Breat Abdominal Pain Heartburn Muscle Aches Joint Swelling, Rash Sunburns Easily Dry Anemia Easy Bleeding Tender Dizziness Trouble Walking Poor Attention Sleepiness Mood Swings Depression Urinary Loss of Control Difficult Blood in Urine Incomplete East Blood in Urine Breast Pain	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other: Normal Normal Abnormal Normal Normal Abnormal Weight Loss >10 lbs. Fatigue Anorexia Vision Loss Ear Tubes Hearing Loss Ear Tubes wing Mouth Sores canding Palpitations Syncope th Asthma Lung Defects Nausea Vomiting Diarrhea Constipation /Pain Back Pain Neck Pain /Skin Birth Marks Procy Easy Bruising Tendency Weakness Loss of Sensation Poor Coordina Insomnia Headache Numbness/Tingling Anxiety Behavioral Problems Change in Sch culty Urinating Increased Urinary Frequency mptying Involuntary Nighttime Urination	Zip
Medication Name mg Dose PHARMACY Name Have you recently had REVIEW OF SYSTEMS: <u>GENERAL</u> : <u>EYES</u> : <u>EARS</u> : <u>MOUTH/THROAT</u> : <u>CARDIOVASCULAR</u> : <u>RESPIRATORY</u> : <u>GASTROINTESTINAL</u> : <u>MUSCULOSKELETAL</u> : <u>SKIN</u> : <u>HEMATOLOGIC</u> : <u>NEUROLOGICAL</u> : <u>PSYCHIATRY</u> : <u>URINARY</u> :	# Taken Daily Medication Name mg I any of the following tests: EEG Normal Normal Abnormal Normal Abnormal Normal Abnormal Normal Abnormal Normal Abnormal Normal Abnormal Abnormal Abnormal Abnormal Abnormal	g Dose # Taken Daily Medication Name mg Dose # Taken Street City MRI CT Labs Other:	Zip

*** IF YOU ARE SCHEDULED FOR A VIRTUAL VISIT CONSULT, PLEASE EMAIL FORMS TO <u>danielle.romano@priviamedicalgroup.com</u> PRIOR TO YOUR SCHEDULED APPOINTMENT TIME.