

PEACHTREE NEUROSURGERY, P.C.

Patient History Form (Please fill out and bring with you to your scheduled appointment.)

Name: _____ Occupation: _____ Today's Date _____

Age: _____ Handedness (please circle one): R L Height: _____ Weight: _____

REASON FOR VISIT (please include symptoms and prior treatments): _____

PAST MEDICAL HISTORY

- Alzheimer's Disease
Aneurysm
Aortic Valve Disorder
Arachnoid Cyst
Arnold Chiari Syndrome
Arteriovenous Malformation, Brain
Asthma/Breathing Problems
Brain Hemorrhage
Cancer (specify)
Coagulation/Clotting Disorder
Degeneration, Lumbar Disk
Diabetes Type Controlled? Y N
Disc Disorder, Cervical
Emphysema/COPD
Fracture, Cervical Vertebra
Fracture, Lumbar
Fracture, Thoracic
Heart Disease
Hepatitis A B or C (please circle)
Hypercholesterolemia (High Cholesterol)
Hypertension (High Blood Pressure)
Kyphosis/Scoliosis
Mitral Valve Disorder
Multiple Sclerosis
Neck Pain (Cervicalgia)
Neuropathy
Pain, Low Back (Lumbago)
Parkinson's Disease
Pituitary adenoma
Pneumonia
Seizures
Spondylolisthesis (spine instability)
Trigeminal Neuralgia
Other

PAST SURGICAL HISTORY

- Appendix
Breast Biopsy
Colon
Gallbladder
Heart, Angio/Stent
Heart, Bypass
Heart, Valve
Hernia
Hip
Hysterectomy
Knee
Mastectomy
Spine Surgery (specify)
Thyroid Surgery
Tubal Ligation
Vascular Surgery
Other

FAMILY HISTORY

- Cancer
Diabetes Type
Heart Disease
Stroke

MEDICATION ALLERGIES

- Medication
Medication
Medication
No Known Drug Allergies

SOCIAL HISTORY

- Alcohol Drinks/Day
With whom do you reside?
Tobacco Use Packs/Day

Do you have any artificial implants (Joints/Valves)? Yes/No?
Are you currently taking blood thinners?
Do you have a PACEMAKER?
Do you have any METAL IN YOUR BODY?
Are you claustrophobic?

Signature _____ Date _____

To the best of my knowledge, the above information is accurate and complete.

Medication List

<u>Medication Names</u>	<u>Dosage</u>	<u>Prescribing Physician</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____