

**PIONEER NEUROLOGY AND SLEEP**  
**Dr. Rani Athreya**

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299 CAREW STREET, SUITE 234 SPRINGFIELD, MA 01104 TEL: (413)736-1500 FAX: (413)736-1600

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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ RACE: \_\_\_\_\_ PRIM. LANGUAGE: \_\_\_\_\_

PREFERRED PHARMACY: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

What is the main reason you are seeing a Neurologist today?

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**PAST MEDICAL HISTORY**

- |  |  |   |
|--|--|---|
| <input type="radio"/> Alcoholic (cirrhosis of liver) | <input type="radio"/> Diabetes               | <input type="radio"/> Osteoporosis      |
| <input type="radio"/> Anemia                         | <input type="radio"/> Headache               | <input type="radio"/> Seizures          |
| <input type="radio"/> Arthritis                      | <input type="radio"/> Heart Disease          | <input type="radio"/> Sleep Problems    |
| <input type="radio"/> Asthma                         | <input type="radio"/> Heartburn, Acid Reflux | <input type="radio"/> Stroke            |
| <input type="radio"/> Atrial Fibrillation            | <input type="radio"/> High Blood Pressure    | <input type="radio"/> Thyroid disease   |
| <input type="radio"/> Cancer                         | <input type="radio"/> High Cholesterol       | <input type="radio"/> Tremors           |
| <input type="radio"/> COPD or emphysema              | <input type="radio"/> Kidney Disease         | <input type="radio"/> None of the above |
| <input type="radio"/> Depression                     | <input type="radio"/> Memory loss            |   |

**PAST SURGICAL HISTORY:**

- |   |   |   |
|---|---|---|
| <input type="radio"/> Appendectomy          | <input type="radio"/> Gallbladder Surgery | <input type="radio"/> Spine Surgery     |
| <input type="radio"/> Back Surgery          | <input type="radio"/> Heart Surgery       | <input type="radio"/> Pacemaker implant |
| <input type="radio"/> Brain Surgery         | <input type="radio"/> Hysterectomy        | <input type="radio"/> Shoulder surgery  |
| <input type="radio"/> Carpel Tunnel Release | <input type="radio"/> Knee Surgery        | <input type="radio"/> Metal appliance   |

**SOCIAL HISTORY:**

Married      Single      Divorced      Widowed

Smoker: Y/N    Frequency \_\_\_\_\_    Alcohol: Y/N    Frequency \_\_\_\_\_    Drug use: Y/N

**FAMILY MEDICAL HISTORY:**

|                  |  |
|------------------|--|
| Father           |  |
| Mother           |  |
| Brothers/sisters |  |
| Children         |  |

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## REVIEW OF SYSTEMS: PLEASE CIRCLE ALL THAT APPLY TO YOU

|                          |                    |                     |                      |                     |                    |
|--------------------------|--------------------|---------------------|----------------------|---------------------|--------------------|
| <b>GENERAL:</b>          | WEIGHT LOSS/ GAIN  | FATIGUE/ MALAISE    | FEVER                | HIGH BLOOD PRESSURE | LOW BLOOD PRESSURE |
| <b>EYES:</b>             | DOUBLE VISION      | BLURRY VISION       | DRYNESS/REDNESS      | GLASSES             | EYE PAIN           |
| <b>EARS/NOSE/THROAT:</b> | HEARING LOSS       | EAR PAIN            | SINUS PROBLEMS       | SORE THROAT         | TROUBLE SWALLOWING |
| <b>CARDIOVASCULAR:</b>   | CHEST PAIN         | PALPITATIONS        | IRREGULAR HEART BEAT | SYNCOPE             |                    |
| <b>RESPIRATORY:</b>      | COUGH              | SHORTNESS OF BREATH | CONGESTION           | WHEEZING            | HOARSENESS         |
| <b>SKIN:</b>             | RASH               | PIGMENTED LESIONS   | ULCERS               | REDNESS             | ITCHING            |
| <b>NEURO:</b>            | DIFFICULTY WALKING | WEAKNESS            | NUMBNESS/ TINGLING   | TREMORS             | SLEEP PROBLEMS     |
|                          | CONFUSION          | MEMORY PROBLEMS     | HEAD INJURY          | HEADACHES           | DIZZINESS          |
|                          | COLD INTOLERANCE   | HEAT INTOLERANCE    | SEIZURES             | WEAKNESS            |                    |
| <b>PSYCHIATRIC:</b>      | ANXIETY            | AGGRESSIVE BEHAVIOR | DEPRESSION           | HALLUCINATIONS      | SUICIDAL           |
| <b>GASTRO:</b>           | ABDONMINAL PAIN    | CONSTIPATION        | DIARRHEA             | BLOOD IN STOOL      | NAUSEA             |
|                          | VOMITING           |                     |                      |                     |                    |
| <b>URINARY:</b>          | URGENCY            | FREQUENT URINATION  | PAIN W/ URINATION    | INCONTINENCE        | SEXUAL DIFFICULTY  |
| <b>MUSCULOSKELETAL:</b>  | JOINT PAIN         | LIMITED MOVEMENT    | BACK PAIN            | NECK PAIN           | LEG CRAMPING       |
| <b>HEMATOLOGIC:</b>      | ABNORMAL BLEEDING  | ENLARGED LYMPHNODES | BRUISING             |                     |                    |

**CURRENT MEDICATIONS:**

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