

# advocare Neurology of South Jersey

Amerherst Commons • 693 Main Street, Bldg. B & D • Lumberton, NJ 08048  
200-B Route 73 North • Suite 2 • Voorhees, NJ 08043

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Age \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Please describe your chief complaint:

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What tests have you had for this problem (when and where):

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What other physicians have you seen for this problem:

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What medications do you take: (list all)

Name	Dosage	Time of day
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list other medical problems and past surgeries:

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Are you allergic to any medications? \_\_\_\_\_

# COMPREHENSIVE REVIEW OF SYSTEMS

Do you have any of the symptoms below? If yes please circle.

<b>Constitutional</b>	weight change, fatigue, fever, loss of appetite
<b>Eyes</b>	visual problems, glasses, eye pain, double vision, loss of vision
<b>ENT</b>	trouble swallowing, choking, loss of smell or taste, poor hearing, hearing aids, ear pain
<b>CV</b>	chest pain, shortness of breath, palpitations, varicose veins
<b>Respiratory</b>	cough, frequents colds, bloody sputum, wheezing, snoring
<b>GI</b>	stomach pain, constipation, diarrhea, heartburn
<b>GU</b>	urination problems, prostate problems, sexual dysfunction, irregular menses
<b>Skin</b>	rashes, eczema, psoriasis, easy bruising, paleness, blueness or redness of hands or feet
<b>Musculoskeletal</b>	joint pain, joint swelling, muscle cramps, twitching muscles, muscle pain, arthritis
<b>Psychiatric</b>	depression, anxiety, psychiatric illness, post-traumatic stress, history of abuse, sleep disturbance
<b>Endocrine</b>	thyroid dysfunction, sensitivity to temperature
<b>Hematologic</b>	easy bruising, bleeding, swelling in legs, swollen lymph nodes
<b>Allergy</b>	seasonal or environmental allergies
<b>Neurological</b>	loss of consciousness, dizziness, vertigo, trouble concentrating, decreased memory, problems reading, writing, speaking, headaches, migraines, weakness in arms or legs, frequent falls, poor coordination, difficulty walking, numbness or tingling in arms or legs, motor vehicle accident, work injury.

**Family History:** does anything run in your family?

- High blood pressure
- Diabetes
- Stroke
- Heart disease
- Cancer
- Other \_\_\_\_\_

**Social History:**

- Tobacco
- Alcohol
- Recreational Drugs

Occupation: \_\_\_\_\_

Comments: (Please include anything else that you want us to know):

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**Physician Signature**