

**Adult Neurology Center  
Review of Systems**

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Reason for your visit today:** (Check all that apply)

I am a New Patient today      Routine Follow-up  
 Medication Refill      New Problem: \_\_\_\_\_  
 Form Completion      Other: \_\_\_\_\_

**Regarding Today's Visit:** (Check all that apply)

I AM CURRENTLY IN HOSPICE CARE. START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_.  
 I AM CURRENTLY RECEIVING CARE IN A SKILLED NURSING FACILITY. START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_.  
 Today's visit is covered under **Worker's Compensation** or **Auto Insurance** (please circle the applicable coverage)

**Any changes to you medication since your last visit:**

New Medication prescribed: \_\_\_\_\_  
Any medication discontinued: \_\_\_\_\_

**Constitutional Symptoms:** (Check to indicate if you have any of the following symptoms **TODAY.**)

-Fever                       -Chills                       -General Malaise (feeling general discomfort or uneasiness)  
 -Weight Change                       -Sleeping Difficulty                       -Fatigue

**Neurological:** (Check to indicate if you have or have a history of any of the following symptoms.)

-Weakness (where?) \_\_\_\_\_                       -Walking Difficulty                       -Visual Disturbance  
 -Incoordination                       -Tremors                       -Migraines  
 -Stroke                       -Convulsions or Seizures (date of last) \_\_\_\_\_  
 -Difficulty in Speech                       -Disturbance in Hearing                       -Memory Loss  
 -Numbness or Tingling (where?) \_\_\_\_\_  
 -Difficulty in Swallowing or Altered Taste

**Musculoskeletal:** (Check to indicate if you currently have any of the following symptoms.)

-Joint Swelling                       -Limitation of Joint Movement                       -Muscle Spasm/Cramps  
 -Muscle Weakness                       -Muscle Pain or Tenderness                       -Back Pain/Injuries  
 -Recent Trauma or Injury                       -Arthritis                       -Atrophy (shrinking muscle)  
 -Migratory Pain (pain that moves from area to area of your body)                       -Neck Complaint  
 -Shoulder Complaint                       -Shakes/Tremors                       -Swelling  
 -Night Cramps                       -Myositis (inflammation of the muscle)