

Pediatric Neurology

Background Information:

Today's Date: _____

Patient's Name: _____ Date of Birth: _____ Age: _____

Referral Source _____ Family Physician _____

Address _____ Address _____

Right Handed

Left Handed

Ambidextrous

Current Problems:

1. _____

2. _____

School History:

1. Elementary School _____

2. Junior High School _____

3. High School _____

Past Medical History: _____

Birth History : _____

Current Medication: _____

Medication Allergies: _____

Medical/Neurological Conditions in Family: _____

Any Lab Test Done:

EEG: _____

MRI/Cat Scan: _____

Recent Blood Test: _____