

PEDIATRIC NEUROLOGY INTAKE FORM

Reason for Visit _____

Please circle all that apply: **Faints** **Convulsions** **Seizures** **W/Fever**

Medical History:

Pregnancy: Full term _____ **Premature** _____ **Problems?** _____

Birth Weight? _____ **Allergies?** _____

Medications? _____

Vaccinations? _____

Head Injuries or Severe Accidents? Explain _____

Hospitalizations? Explain _____

Grade in School _____ **Performance in School** _____

Development and Behavior _____

Any Disease in the Family? Please circle all that apply. **Cancer** **Diabetes**
Heart Disease **Hypertension** **Alcoholism** **Depression** **Learning Disorders**
Epilepsy **Behavior Problems** **ADD or ADHD** **Other** _____
