Marlton Neurology
Marlton Family Medicine
Chronic Pain Specialists

562-B Lippincott Dr. Marlton, NJ 08053
Phone: 856 890 0903 **Fax:** 856 890 0904

Your Name:_____ Date of birth:_____

Reason(s) for seeing the doctor: _____

List of Medications: Please provide a list of medications and their dosage you are currently taking.

Name of the medication	Dose

Past Medical History: Please list all the medical conditions you have:

1.		2.	
3.		4.	
5.		6.	
7.		8.	

Allergies: Please list any allergies you have:

1.		2.	
3.		4.	
5.		6.	

Surgical History: Please list any surgeries you have had:

1.		2.	
3.		4.	
5.		6.	

Family History: Please list any medical conditions that run in your family.

Father	
Mother	
Brothers	
Sisters	
Children	
Other relatives	

Personal History:

1.	Marital status		
2.	Occupation		
3.	Education level		
4.	Who lives with you at home?		
5.	Do you smoke? If yes, how much?	Yes ☐ No ☐	
6.	Do you drink alcohol? If yes, how much?	Yes ☐ No ☐	
7.	Do you presently use or have in the past used any drugs or illicit substances?	Yes ☐ No ☐	
7.		8.	
9.	Handedness	Right ☐ / Left ☐	

General Symptoms. Have you recently had:

	Yes	No		Yes	No
Blurred or double vision	☐	☐	Eye pain	☐	☐
Loss of hearing	☐	☐	Ringing in ears	☐	☐
Change in taste or smell	☐	☐	Difficulty swallowing	☐	☐
Difficulty speaking	☐	☐	Dizziness/Vertigo	☐	☐
Headache	☐	☐	Fainting spells or blackouts	☐	☐
Decline in memory	☐	☐	Weakness in one side of body	☐	☐
Difficulty holding urine/stool	☐	☐	Pain in the neck or lower back	☐	☐
Head trauma	☐	☐	Anxiety/depression	☐	☐
Difficulty sleeping	☐	☐	Tremor or involuntary movement	☐	☐
Numbness or tingling in arms or legs	☐	☐	Clumsiness or unsteadiness	☐	☐
Hallucinations	☐	☐	Bruising or bleeding	☐	☐
Nausea, vomiting	☐	☐	Change in weight	☐	☐
Cough	☐	☐	Shortness of breath	☐	☐
Chest pain	☐	☐	(Women) Breast masses	☐	☐
Ankle swelling	☐	☐	Constipation	☐	☐
Abdominal pain	☐	☐	Frequent or painful urination	☐	☐
Fever	☐	☐	Blood in urine or stool	☐	☐
Skin rash	☐	☐			