NEUROLOGY CENTER OF FAIRFAX, LTD.
Fairfax Office 3020 Hamaker Ct, Suite 400, Fairfax, VA 22031
Reston Office 1830 Town Center Dr, Suite 305, Reston, VA 20190
Office Phone 703.876.0800 | Fax 703.876.0866
After hours emergency 703.755.1450

Follow-Up Form

Name: _____ D.O.B.: _____ Date: _____

Primary Care Physician

Primary care doctor's name: _____

History of present illness

Height: _____ft _____in
Weight: _____lbs

Significant medical events since last visit

Other medical problems

	Problem	Start date	Status	Current treatment
1.				
2.				
3.				

Top 3 questions for visit

1.				
2.				
3.				

Medication refills needed

	Name	Strength	Frequency	
1.				
2.				
3.				

Do you have any forms to be completed by your Doctor?

**Please send forms to the office prior to your upcoming visit. Charges apply for completion of forms.*