

New Patient Form

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

Primary care doctor: _____ Primary care phone number: _____

Chronological history of illness

Type out or attach a chronological history of your illness. This is a written timeline of your symptoms from the beginning documenting the month and year in which they occurred and how they were treated. Then proceed with each significant symptom thereafter. Include the time, date and results of all imaging studies obtained that relate to your neurological illness. Continue on the next page if necessary.

Please include the following in the chronological history of your illness:

When did your symptoms first begin? _____

What symptoms did you have? _____

What new/additional symptoms have you had? _____

When did your symptoms first begin? _____

What has brought on your symptoms or made them worse? _____

Previously taken medications for your symptoms? _____

What tests have you done?

Written timeline/chronology:

Continued on next page

