Alzheimer's Memory Cent	er	Patie	Date Patient's Name:		
PERSONAL HISTORY R	EVIEW:	Rere	Referral Source		
Please List Present Medica	tions & Dosage :				
Medication Na	me/Dosage	Medication N	Medication Name/Dosage		
Drug allergies:					
YOUR PAST MEDICAL F	HISTORY:				
High Blood Pressure	Asthma/COPD	Kidney Disease	Arthritis		
Heart Attack	Bleeding Ulcer	Diabetes	Alcoholism		
Stroke	Hiatal Hernia	Memory Disorder	Drug Problems		
Seizure	High Cholesterol	Cancer	Pacemaker/Defibrillator		
Migraine H/A	Thyroid Condition	Tremors	Metal Implants		
Head Injury	Syncope/LOC	Depression/Anxiety	-		
Surgical History: Have you ever had any sur If Yes: When Family History:		Procedure:			
High Blood Pressure	Who:	Depression	Who:		
Stroke	Who:	Diabetes	Who:		
Seizure	Who:	Cancer	Who:		
Heart Attack	Who:	Alzheimer's Disease	Who:		
High Cholesterol	Who:	Parkinson's Disease	Who:		
Migrane	Who:	Syncope	Who:		
Social History: □ Married □ Divorced □	Widowed □ Single Childs	ren □Yes □ No How Mar	nv?		
	G				
Occupation		est Level Of Education?			
□ Alcohol Use □ Smok	ing □ Substance Abuse				

SYSTEMS	REVIEW:
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DATE: _			
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(TO BE COMPLETED BY PATIENT)

	Now Past Year		Now	Past Year
General:		Genitourinary:		
Fever or Chills		Painful Urination		
Appetite Change		Frequent Urination		
Weight Gain		Bladder Control Problem		
Weight Loss		Blood In Urine		
Night Sweats		Urinary Infection		
Tright Sweats		Officery friection		
E		Musculoskeletal :		
Eyes: Blurred Vision				
		Joint Pain		
Double Vision		Back or Neck Pain		
		Arm or Leg Pain		
		Muscle Pain or Cramps		
ENT:		Neurological:		
Hearing Loss		Frequent Headaches		
Ringing In ears		Numbness of Arms or Legs		
Sinus Trouble		Muscle Weakness		
Allergies or Hay fever		Poor Coordination		
Nose Bleeds		Falls		
Hoarseness		Tremor or Shaking		
Frequent Sore Throat		Tremor of Shaking		
Mouth Ulcers				
Would Olcers				
Conditions		Describing the control of the contro		
Cardiovascular:		Psychiatric:		
High Blood Pressure		Depression		
Chest Pain or Tightness		Anxiety		
Irregular Heartbeat		Memory Change		
Fainting or Dizziness		Counseling or Treatment		
Leg Cramps Walking Swollen Ankles or Feet		Claustrophobia		
Swollen Ankles or Feet		Hallucination		
Pacemaker				
Respiratory:				
Bronchitis or Cough				
Coughed Blood				
Wheezing				
Shortness of Breath				
Shormess of bream				
Control of a Control				
Gastrointestinal:				
Difficulty Swallowing				
Heartburn or Indigestion				
Abdominal Pain				
Nausea or Vomiting				
Diarrhea				
Rectal Bleeding				
Endocrine:				
Fatigue				
Sensitive to Heat or Cold				
Thyroid Goiter or Swelling				
Change in Thirst				
Impotence				
Impotence				
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