

**NJ Neurology, Inc., 400 Center Street, Garwood, NJ 07027,
908-232-0200 (phone) / 908-232-0211 (fax)**

Name: _____ **Informant(s):** Mother
DOB: _____ Father
Age: _____ **Grade:** _____ Other (please write): _____

FOLLOW UP Date: _____

Reason for Follow Up/Issues since the Last Visit: _____

Medications: None
 Medication name: _____ dose: _____ taken since: _____

Allergies: None
 To: _____

Review of Systems:	Problems	NO	YES (circle or write below)
Constitutional	fever, weight loss, weight gain, fatigue, recurrent infection, unusual odor		
Eyes	double vision, loss of vision, blurring, cataracts, lazy eye, need for glasses		
Ears, nose, throat	hearing loss, ringing in ears, dizziness, congestion, hoarseness, difficulty swallowing, snoring, dental problems		
Respiratory	shortness of breath, wheezing/asthma, cough, coughing blood		
Cardiovascular	chest pain, palpitations, abnormal blood pressure, fainting spells		
Gastrointestinal	diarrhea, constipation, nausea, vomiting, abdominal pain, reflux, jaundice		
Genitourinary	incontinence, urination problems, kidney problems/stones, menstrual problems		
Skin	birth marks-dark/light, eczema, other rashes, patches of hair, hair or nail changes		
Musculoskeletal	joint pain or swelling, scoliosis, skeletal deformities, limited motion in joints		
Psychiatric	mood swings/depression, anxiety, obsessive-compulsive symptoms, panic attacks		
Endocrine	thyroid problems, diabetes, growth deficiency		
Hematological	pale ness, anemia, enlarged lymph nodes, abnormal bleeding or clotting		
Allergy	seasonal, food allergies, drug allergies, hives		
Neurological	developmental delays, motor and sensory problems, seizures, headaches, autism		
Other	ADHD inattentive, ADHD with hyperactivity, learning disability, sleep problems, poor appetite, other behavioral problems, aggression		

 New medical problems? No Yes:

Hospitalization or surgeries since the last visit? No Yes: