

**NEUROSURGICAL ASSOCIATES, P.C.**

**Division of Spine Surgery**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ MRN: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

**History of Present Illness:**

**Allergies:**

**Medications:**

Name	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Surgical History:**

Type of Surgery	Date
_____	_____
_____	_____
_____	_____
_____	_____

**Medical History:**

- Hypertension
- Diabetes
- Emphysema
- HIV/AIDS
- Heart Disease
- Pacemaker
- Kidney Disease
- Hepatitis
- Bleeding Dz
- Pulmonary Dz
- Tobacco \_\_\_\_\_ pk yrs
- Alcohol \_\_\_\_\_ per day
- Substance Use \_\_\_\_\_
- Peptic Ulcer Disease
- Other Neuro Disorder: \_\_\_\_\_
- Liver Disease
- Connective Tissue
- GI Disorder

**For Doctor's Use**

**Physical Exam:**

SIGNATURE \_\_\_\_\_ M.D.