AZ NeuroRecovery Treatment Innovation Center (A. N. T. I. C.)

Healing all of you!

Not just *part* of you…

Patient Name: _____ Date of Visit: _____

DOB: _____

CHANGES IN DEVELOPMENTAL HISTORY?

- ☐ Normal
- ☐ Delayed, please specify: _____

_____

_____

_____

CHNAGES IN FAMILY HISTORY?

- ☐ Epilepsy _____
- ☐ Seizure/convulsions _____
- ☐ Headache/migraine _____
- ☐ Sleep disorders/narcolepsy _____
- ☐ Multiple sclerosis _____
- ☐ Other neuro dso _____
- ☐ Stroke _____
- ☐ Heart disease _____
- ☐ High blood pressure _____
- ☐ Asthma _____
- ☐ Respiratory dso _____
- ☐ Irritable Bowel Syndrome _____
- ☐ Gastrointestinal dso _____
- ☐ Kidney disease _____
- ☐ Thyroid disease _____
- ☐ Diabetes mellitus _____
- ☐ Other endocrine dso _____
- ☐ Allergy/Hay fever _____
- ☐ Autoimmune dso _____
- ☐ Bleeding/clotting dso _____
- ☐ Other _____

_____

CHANGES IN SOCIAL HISTORY

Parents: _____

Parents' Occupation: _____

Siblings (include age, sex and health status): _____

_____

_____

_____

_____

Current Educational Level: _____

Previous Neurocognitive Evaluation: ☐ No ☐ Yes, when? _____

IEP: _____

CHANGES IN MEDICAL HISTORY:

- ☐ Neurologic Disorder _____
- ☐ ENT Disorder _____
- ☐ Cardiovascular Disorder _____
- ☐ Respiratory Disorder _____
- ☐ Gastrointestinal Disorder _____
- ☐ Endocrine Disorder _____
- ☐ Musculoskeletal Disorder _____
- ☐ Hematologic Disorder _____
- ☐ Immunologic Disorder _____
- ☐ Other _____

HOSPITAL ADMISSIONS SINCE LAST VISIT: _____
_____
_____
_____

NEW SURGERIES SINCE LAST VISIT: _____
_____
_____
_____

ANY CHANGES IN MEDICATION LIST (include dose and schedule):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

ALLERGIES: ☐ No known drug allergies
☐ _____
_____
_____

OTHER (cigarette, recreational drug, alcohol use): _____
_____
_____
_____
_____