MILLMAN NEUROLOGY

NEW PATIENT INTAKE

Today's Date: _____

Last Name_____First Name_____Date of Birth: _____

PAST MEDICAL HISTORY: (*Please check all that apply)*

- ☐ Anxiety
- ☐ Asthma
- ☐ AFIB/Atrial Fibrillation
- ☐ Bipolar Disease
- ☐ Bleeding Disorder
- ☐ Cancer, type _____
- ☐ COPD/Emphysema
- ☐ CAD/Heart disease
- ☐ Clotting Disorder
- ☐ Crohn's/Ulcerative Colitis
- ☐ Depression
- ☐ Diabetes
- ☐ Glaucoma
- ☐ High cholesterol
- ☐ High blood pressure
- ☐ Kidney stone(s)
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Migraine headaches
- ☐ Osteoporosis/Osteopenia
- ☐ Psychiatric hospitalization
- ☐ Rheumatoid Arthritis
- ☐ Sleep Apnea
- ☐ Stroke
- ☐ SLE
- ☐ Thyroid disease
- ☐ Ulcers

Please list any others: _____

ALLERGIES: ☐ No Known Drug Allergies *Please list any medication allergies below or check if none.*

Medication Name	Allergic Reaction

PAST SURGICAL HISTORY: (*Please check all that apply)*

- ☐ Aneurysm coiling
- ☐ Aneurysm clipping
- ☐ Brain surgery for _____
- ☐ Cervical spinal fusion
- ☐ Lumbar discectomy
- ☐ Lumbar laminectomy
- ☐ Lumbar spinal fusion
- ☐ Pacemaker
- ☐ Defibrillator
- ☐ Cardiac stent(s)
- ☐ Coronary artery bypass graft
- ☐ Heart valve replacement
  - ☐ Bovine ☐ Pig ☐ Metal
- ☐ Carotid artery ___Right or ___Left
- ☐ Gallbladder
- ☐ Appendix
- ☐ Inguinal hernia ___Right or ___Left
- ☐ Prostate
- ☐ Hysterectomy
- ☐ C-section
- ☐ Shoulder arthroscopy ___Right or ___Left
- ☐ Shoulder replacement ___Right or ___Left
- ☐ Elbow surgery ___Right or ___Left
- ☐ Carpal tunnel ___Right or ___Left
- ☐ Knee surgery ___Right or ___Left
- ☐ Knee replacement ___Right or ___Left
- ☐ Hip replacement ___Right or ___Left

Please list others: _____

6770 Dixie Highway Suite 305 Clarkston, MI 48346
Phone: 248-256-5000 Fax: 248-257-0482
www.millman-neurology.com

SOCIAL HISTORY:

Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed How many children? _____

Live with: ☐ Spouse ☐ Partner ☐ Alone ☐ Children ☐ Parent(s) ☐ Sibling(s) ☐Other _____

Occupation: _____ ☐ Retired

Tobacco Use: ☐ Regularly packs/day_____ ☐ Occasional ☐ Never ☐ Previously, quit when?_____

Alcohol Use: ☐ None ☐ Rarely ☐ Socially ☐ Occasionally ☐ Often ☐ Daily ☐ Regularly in the past current drinks/day_____

Illicit drug use: ☐ None ☐ Rarely ☐ Socially ☐ Occasionally ☐ Often ☐ Daily ☐ Regularly in the past Which drug(s)? _____

MEDICATIONS: GIVE US A LIST or write below

Medication Name	Strength/Dose (mg)	Number of Times per Day	Medication Name	Strength/Dose (mg)	Number of Times per Day

6770 Dixie Highway Suite 305 Clarkston, MI 48346
Phone: 248-256-5000 Fax: 248-257-0482
www.millman-neurology.com

Today's Date: _____

Last Name_____First Name_____Date of Birth: _____

Over the last two weeks, how often have you been bothered by the following problems? (Circle number)

GAD-7	Not at all	Several Days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it's hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column				
TOTAL SCORE=				

If you checked off *any problems,* how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Somewhat difficult _____
Very difficult _____
Extremely difficult _____

Not difficult at all _____

PHQ-9	Not at all	Several Days	Over half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself, or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting youself	0	1	2	3
Add the score for each column				
TOTAL SCORE=				

6770 Dixie Highway Suite 305 Clarkston, MI 48346
Phone: 248-256-5000 Fax: 248-257-0482
www.millman-neurology.com