

PETER KIM, M.D. NEUROLOGY, NEUROPHYSIOLOGY

Health Questionnaire



Patient's Last Name			(First)			DOB:		
What is	s your reason fo	r coming	to see Dr. Kim	today?				
Reviev	v of symptoms:	Do you	currently have	e any of the fo	ollowing?			
☐ Al	bdominal Pain		Difficulty swa	llowing 🔲	Loss of consciousness		Seizures	
ıA C	nkle/foot swelling		Difficulty with	speech 📮	Memory loss		Sexual dysfunction	
	nxiety		Dizziness		Mood changes		Shortness of breath	
	hest pain		Fever		Nausea/Vomiting		Sore throat	
	onstipation		Head Trauma		Numbness		Urinary incontinence	9
	epression · ·		Headache		Paralysis/weakness		Vision changes	
	iarrhea ifficulty breathing		Joint pain Loss of Balan	ce 🗆	Poor appetite Rash		Weight loss or gain Other	
			-					
					NI CI			
4 <i>llergi</i>	es: Do you hav	e any dru	ug allergies?	U NO U Y	es, Name of drug			
					_			
					es, Name of drug			
					_			
<i>If so,</i> и	vhat kind of read	ction?			_			
<i>If so,</i> и	vhat kind of read	ction?						
<i>If so,</i> и	vhat kind of read	ction?						
<i>If so,</i> и	vhat kind of read	ction?						
If so, w	vhat kind of read	ction?	ll your medica	I conditions				
If so, w	vhat kind of read	ction?	ll your medica	I conditions				
If so, w	vhat kind of read	ction?	ll your medica	I conditions				
If so, w	vhat kind of read	ction?	ll your medica	I conditions				
If so, w	vhat kind of read al History: Plea v <u>History:</u> Please	ction? nse list al e list any	diseases in y	ol conditions	d the relation of that	person	to you.	
If so, we made the second of t	what kind of read al History: Plead w History: Plead History: Do you	e list any	diseases in y	of conditions	d the relation of that p	person	n to you. nd for how long?	
If so, we made the second of t	what kind of read al History: Plead w History: Plead History: Do you	e list any use tob	diseases in y	of conditions	of the relation of that followers of the	person wing a	n to you. nd for how long?	er smoke
Medica Family Social	what kind of read al History: Plead w History: Plead History: Do you	e list any use tob y smoker	diseases in y acco, alcohol, someday what kind	of conditions	ormer smoker, stopped	person wing a	n to you. nd for how long? Never	er smoke
Medical Family Tabacco	what kind of read al History: Plead w History: Plead History: Do you	e list any use tob y smoker	diseases in y acco, alcohol, someday what kind	of conditions	of the relation of that followers of the	person wing a	n to you. nd for how long? Never	er smoke
Medica Family Social Tabacco	History: Please History: Do you everyda	e list any use tob y smoker Yes,	diseases in y acco, alcohol, someday what kind	or drugs? If some	ow much	ving and on How	n to you. nd for how long? Never	er smoke
If so, we medical series of the series of th	History: Please History: Po you No No	e list any u use tob y smoker Yes, Yes,	vidiseases in your medical vidiseases in your medical vidiseases in your medical vidiseases in your medical someday, what kind, what kind, what kind, what kind	of conditions	ow much	person wing an on Hov _ Hov	n to you. nd for how long? Never often	er smoke