NISA
Neurology Institute
of San Antonio

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Medical Questionnaire

Date:_____

Patient's Name:_____

Patients Date of Birth:_____

Reason For Visit:_____

Surgeries	Year	Complication

Hospitalizations	Year	Complication

Have you ever had problems with Anesthesia? YES NO

CT/MRI Studies	Location	Date	Doctor Ordering

Family History – Check if any blood relative has had any of the following. Indicate which relative.

___Diabetes	___Asthma	___Osteoporosis	Note:_____
___Heart Disease	___Migraines	___Anemia	_____
___Seizures	___Alcoholism	___Thyroid Problem	_____
___Allergies	___Cancer	___High Blood Pressure	_____
___Meniere's Disease	___Arthritis	___Mental Illness	_____
___Stroke	___Glaucoma	___High Cholesterol	_____