TEXAS NEUROLOGY

INTAKE QUESTIONNAIRE

NAME: _____ **DATE:** _____

Within the past 6 months

Have you experienced any of the following?

Weight change	❍ Yes	❍ No
Hearing loss	❍ Yes	❍ No
Heart palpitations	❍ Yes	❍ No
Difficulty swallowing	❍ Yes	❍ No
Seizure	❍ Yes	❍ No
Loss of vision	❍ Yes	❍ No
Shooting arm pain	❍ Yes	❍ No
Shooting leg pain	❍ Yes	❍ No
Depression	❍ Yes	❍ No
Rash	❍ Yes	❍ No
Blood transfusion	❍ Yes	❍ No
Diabetes	❍ Yes	❍ No
Nasal/seasonal allergies	❍ Yes	❍ No
Difficulty urinating	❍ Yes	❍ No
Sleep problems	❍ Yes	❍ No
Memory problems	❍ Yes	❍ No

General

Which hand do you write with? ❍ Right ❍ Left ❍ Both

What is your smoking status? ❍ Nonsmoker ❍ Current Smoker ❍ Former Smoker

Have you ever been exposed to HIV? ❍ Yes ❍ No ❍ Unknown

Within the past 2 weeks

How often have you experienced Little interest or pleasure in doing things?

❍ Not at all ❍ Several days ❍ More than half the days ❍ Nearly every day ❍ Declined to specify

How often have you experienced feeling down, depressed, or hopeless?

❍ Not at all ❍ Several days ❍ More than half the days ❍ Nearly every day ❍ Declined to specify

Within the past year

Have you had a drink containing alcohol? ❍ Yes ❍ No

If you are 65 years of age or older

Do you have an advance care plan/surrogate decision maker? ❍ Yes ❍ No ❍ N/A

Have you fallen within the past 12 months? ❍ Yes ❍ No ❍ N/A