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Interventional Neurology

Ali R. Malek, MD, FSNIS
Vascular Neurology·Neurocritical Care·Neurology Endovascular Neurosurgery

Nils Mueller-Kronast, MD
Vascular Neurology·Neurocritical Care·Neurology

Neurology

Paul Acevedo, MD
Adult Neurology

Jennifer Buczyner, MD
Neurology·Neurophysiology·Neuromuscular Disorders

Arif Dalvi, MD, MBA
Neurology·Parkinson's Disease·Movement Disorder

Pedro Hernández-Frau, MD
Neurology·Neurophysiology·Epilepsy

Juan Carlos Muniz, MD
Neurology·Neurophysiology·Epilepsy

Paayal Patel, MD
Neurology·Cognitive Behavioral Neurology·Neuropsychiatry

Arun Venugopal Talkad, MD
Neurology·Vascular Neurology

Internal Medicine

Martha L. Zambrano, MD
Internal Medicine

Neuropsychology

Nicholas DePrima, PsyD
Neuropsychology·Rehabilitation Psychology

Courtney Spilker, PsyD
Neuropsychology

What is a Neurologist?

A neurologist is a physician who diagnose and treats disorders of the nervous system. This includes diseases of the brain, spinal cord, nerves and muscles. Neurologist may serve as a consultant to other physicians, as well as providing long-term care to patients with chronic neurological disorders.

A neurologist is **NOT** the same as a pain management specialist. We will evaluate you, diagnose your condition and propose the most appropriate therapeutic regimen. In cases of chronic pain, we may refer you to a pain management specialist for further evaluation and treatment. The neurologists of this practice **DO NOT** prescribe narcotics.

Please note, under no circumstances will we automatically renew your existing or prior pain medication prescription.

Our goal is to provide you with the best neurological care possible today. We highly value the doctor-patient relationship and feel that mutual respect is necessary at all times.

We appreciate your understanding of our practice policy. Please take a moment to acknowledge this with your signature below. Thank you.

______________________________ ________________
Patient or Guardian Signature   Date

Revised 11/19/2015

DATE

NAME ____ ____________

Age _______ **Height** _______ **Weight** _______

Medication List (Current Medications)

Medication Name	Dose	Times per day

Allergies

Allergic to any medications: □ Yes □ No

If yes please list name of medication (s):

____

____

____

Review of Systems

□ High blood pressure	□ Stroke	□ Tremor/shakes
□ Heart Disease	□ TIA	□ Muscle Stiffness
□ Shortness of breathe	□ Visual Disturbance	□ Slow movements
□ Diabetes	□ Depression	□ Change in posture
□ Cancer	□ Anxiety	□ Poor balance
□ Liver disease	□ Memory disorder	□ Falls
□ Kidney disease	□ Skin rashes	□ Difficulty with sleep
□ Anemia	□ Drooling	□ Bladder frequency

Medical History (If you are uncertain of the exact date, write year)

Disease

Disease	Date	Disease	Date
Allergies	______________	Heart Attack	______________
Anemia	______________	Hepatitis	______________
Angina	______________	High Cholesterol	______________
Arthritis	______________	Hypertension	______________
Asthma	______________	Hyperthyroid	______________
Benign Prostate Hypertrophy	______________	Hypothyroid	______________
Cancer (Type) ________________________		Migraine/Headaches	______________
		Rheumatic Fever	______________
Cirrhosis	______________	Seizures	______________
Diabetes	______________	Stoke	______________
Diverticular Disease	______________	Tuberculosis	______________
Eczema	______________	Other ________________________	
Emphysema	______________		

Surgical History

Procedure	Year	Surgeon's Name

Family History

	Medical Problem	Age	Living or Deceased	Cause of Death
Mother				
Father				
Sibling				
Other				

Social History

Smoke: □ No □ Yes Frequency ______________

Alcohol: □ No □ Yes Frequency ______________

Caffeine: □ No □ Yes Frequency ______________

Drugs: □ No □ Yes Frequency ______________

Hand Dominance: □ Right □ Left □ Ambidextrous

I certify that the above information is correct to the best of my knowledge:

Patient signature: ___________________________ Date: _______________

Revised 11/19/2015