



Nils Mueller, MD. Interventional Neurology History /Physical

Patient Name: _____ Age: _____ DOB. ____/____/____ Date: ____/____/____
 Chief complaint: _____ Right or Left Handed (circle one)
 Primary Care Physician: _____ Referring physician: _____
 Past Medical History: _____

Past Surgical History: _____

Medication List (Current Medications)

Medication Name	Dose	Times per Day

Family History: Stroke History _____ Cardiac History _____

Social History: Cigarettes/Cigars YES/NO (circle one) Packs per day _____ Alcohol Yes/NO (circle one)
 Drinks per day _____ Week _____

Sleep: Excessive daytime tiredness _____ Poor quality of sleep _____ Lack of energy _____
 Snorting or gasping for air _____ Nights sweats _____ Work late or night shift _____
 Difficulty concentrating _____ Falling asleep in inappropriate times _____ Trouble falling asleep _____
 Trouble waking up from sleep _____

Constitutional: Weight loss _____ Fatigue _____ Weight gain _____ Fever _____

Eyes: Visual problems _____ Double vision _____

Ears, Nose, Mouth, Throat: Snoring: _____ Wake up with dry throat _____ Swallowing problems _____

Cardiovascular: Palpitations: _____ Chest pain: _____ Hypertension: _____

Respiratory: Shortness of breath _____ Cough _____ Coughing up blood _____

GI: Appetite _____ Heartburn/Indigestion _____ Nausea _____ Acid tasted in the mouth _____ Constipation _____ Loose stools _____

Urinary: Incontinence, frequency, urgency, pain or discomfort _____ Frequent nighttime urination _____

Skin: Swelling _____ Rash _____

Neurological: Fainting, numbness, tingling, tremors _____ Memory loss _____ Stroke _____ Restless leg _____ Difficulty with work recall _____ Headaches _____

Psychiatric: Depression _____ Mood _____

(To be filled in by the staff) **BP** _____ **Weight** _____ **Height** _____

ROS: Adult: _____ **Pulse** _____ **Respiration** _____ **Temperature** _____

Physician's initial for review: _____



Nils Mueller, MD. Interventional Neurology History /Physical

Date: _____/_____/_____

To our Valued Patient,

With Dr. Mueller's specialty he handles emergency cases and may be called to the hospital on short notice. We will do our best to give you as much notice as possible and reschedule your appointment appropriately.

Thank you,

Omayra Alvarado
Practice Administrator

Patient Name

Patient Signature

5162 Linton Boulevard, Suite 106
Delray Beach, FL 33484
561.499.7551 | fax 561.499.7582