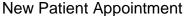
OHSU PARKINSON CENTER & MOVEMENT DISORDERS CLINIC



☐ Cesarean section

☐ Hip replacement



→ O Check in 15-minutes before your appointment time. → © Complete all forms prior to your arrival. **Primary Care Provider:** Phone: Patient Name: □ OHSU □ Other Patient DOB: __ **Neurologist:** Phone: □ Left-handed □ Right-handed □ OHSU □ Other Who is your primary contact and/or care partner? □ Adult Child □ Guardian □ Spouse Name: **→** Pharmacy Name: Pharmacy Phone #: IMPORTANT: LIST MEDICATIONS and DRUG ALLERGIES on the back. **SOCIAL HISTORY** > Have you ever smoked or chewed tobacco? Number of years: \square No \square Yes > Do you drink alcohol? □ No □ Yes Amount per week: > Do you now or have you used any recreational drugs? \square No \square Yes **MEDICAL HISTORY** - Have you had a history of.... (circle all that apply) Anemia **COPD High Cholesterol** Stroke HIV **Arthritis** Chronic Pain TB **Asthma** Deafness Hypertension **Thyroid Problems** Bleeding Disorder Menopause **Transfusions** Dementia Blindness Nephrolithiasis Vertigo / Dizziness Depression Coronary Artery Disease Diabetes Mellitus Peripheral Vascular Disease Renal Failure Cancer Headache Congestive Heart Failure **Hepatitis** Seizures **SURGICAL HISTORY** - Have you had a / an... (check all that apply & note <u>date</u> of procedure) ☐ Hysterectomy ☐ Thyroidectomy ☐ Appendectomy ☐ Vasectomy ☐ Back surgery ☐ Hernia repair ☐ Tubal ligation ☐ Knee arthroscopy OTHER: ☐ Myringotomy ☐ Cataract removal 1.) ☐ Cholecystectomy ☐ Pacemaker replacement 2.) □ Colectomy ☐ Prostatectomy 3.)

4.)

5.)

☐ Splenectomy

adenoidectomy

☐ Tonsillectomy &

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FAMILY HISTORY – Have any family members had the following neurological disorders:

Essential Tremor Parkinson's Disease	Ataxia Huntington's Dis	Ataxia Huntington's Disease		onia collis	Other:	
	□ N □ V1 1	•-4.				
DRUG ALLERGIES?	□ No. □ Yes; piease i	1St:				
MEDICATIONS and SU	IPPLEMENTS					
Medication / Supplemen				((and/or note time of day taken)	
		Take	pills,	times per day a	<i>Example:</i> 6a, 12p, 6p at:	
		Take	pills,	times per day a	at:	
		Take	pills,	times per day a	at:	
		Take	pills,	times per day a	at:	
		Take	pills,	times per day a	at:	
		Take	pills,	times per day a	at:	
		Take	pills,	times per day a	at:	
		Take	pills,	times per day a	at:	
		Take	pills,	times per day a	nt:	
		Take	pills,	times per day a	nt:	
		Take	pills,	times per day a	at:	
		Take	pills,	times per day a	at:	