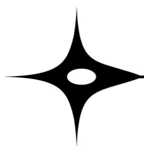

NEUROLOGY SPECIALISTS
OF NORTHERN ILLINOIS

Lloyd S. Davis, MD • Wayne A. Rubinstein, MD
Yelena Tumashova, MD • Steven B. Wolf, MD

Welcome to Our Practice

As a new patient, please fill out the information found below to the best of your ability.

Today's Date ___________________________

Patient name ____ Age____________ Sex (circle) M F

Reason for your visit____

Referring Physician________________________________Address______________________________________

Patient Medical History

Have you ever had the following ("check" those which apply to you)

☐ Heart Disease	☐ High Blood Pressure	☐ Lung Disease	☐ Major Infection	Any other diseases? (list)
☐ Diabetes	☐ Low Blood Pressure	☐ Asthma	☐ Tuberculosis	______________________
☐ Stroke	☐ Seizures	☐ Thyroid Disease	☐ Hepatitis	______________________
☐ Cancer	☐ Migraine Headaches	☐ Kidney Disease	☐ HIV	______________________
☐ Arthritis	☐ Back Trouble	☐ Glaucoma	☐ Venereal Disease	______________________
☐ Anemia	☐ Polio	☐ Ulcers	☐ None of the above	

Previous hospitalizations/ Surgeries/ Serious Illnesses

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

Please list all of your current medications and doses
(Including "over the counter" medications)

_______________ _______________ _______________

_______________ _______________ _______________

_______________ _______________ _______________

_______________ _______________ _______________

_______________ _______________ _______________

Please list any drug allergies

Patient Social History

Occupation	______________________		Are you retired?	yes no	
Marital Status	☐Single	☐Married	☐Separated	☐Divorced	☐Widowed
Use of alcohol	☐No	☐Previously, but quit	☐Yes - Amount?	______________________	
Use of tobacco	☐No	☐Previously, but quit	☐Yes - packs/day	______________________	
Use of "recreational" drugs	☐No	☐Previously, but quit	☐Yes - What?	______________________	

9301 Golf Road Suite 303 Des Plaines, IL 60016 • 847-298-4088 fax: 847-627-8700 • www.nsni.neurohub.net