NEUROLOGY CLINIC OF MARIN
Ilkcan Cokgor MD
50 Red Hill Ave., San Anselmo, CA 94960

History and Physical

Name:_____ SS#: _____ Date:____/____/____

Address: _____ Occupation:_____

Phone: (Home):_____ (Work):_____ Date of Birth:_____

Referring Physician:_____

Height: _____ Weight: _____ Ethnicity (Required by Medicare): _____

Smoking Status: Currently Smoking _____ Former smoker_____ Never smoked_____

Chief Complaint

_____

_____

_____

_____

History of Present Ilness

_____

_____

_____

_____

_____

Past Medical History

__ Migraine
__ Hypertension
__ Arthritis
__ High cholesterol/lipids
__ Peptic Ulcer Disease
__ Alcohol abuse
__ Lumbar spine disease
__ Diabetes
__ Muscular disorders
__ Coronary artery disease
__ Endocrine disorders
__ Allergy / hay fever
__ Fibromyalgia
__ Heart murmur
__ Venereal disease
__ Stroke
__ Asthma
__ HIV
__ Cervical spine disease
__ Anemia
__ Toxic exposures
__ Depression
__ Polio
__ Rheumatic fever
__ Congestive heart failure
__ Other
__ Genitourinary disease
__ Epilepsy / seizures
__ Pneumonia
__ Tuberculosis
__ Spinal cord injury
__ Bleeding disorder
__ Illicit drug use
__ Brain tumors
__ Thyroid disease
__ MI (heart attack)
__ Arrhytmias
__ Spinal cord disease
__ Tension headache
__ COPD
__ Cancer
__ Head injury
__ GI disorders
__ Psychiatric disorders
__ Peripheral nerve disease
__ Peripheral vascular disease
__ Transplants
__ Sexual dysfunction
__ Liver disease/ hepatitis
__ Renal disease

Prior Surgeries / Hospitilizations

Reason:_____

_____

Pregnant: _____Yes _____ No

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Current Medications **Dosage** **Frequency**

_____

_____

_____

Drug Allergies

_____

_____

_____

_____

Review of Systems – General

__ Fatigue	__ Cardiac	__ Genitourinary	__ Vaginitis	__ Respiratory
__ Musculoskeletal	__ Fevers	__ Peripheral vascular	__ Dermatologic	__ Depression
__ Gastrointestinal	__ Hematologic	__ Ear / Nose / Throat	__ Other	

Review of Systems – Neurologic

__ Headaches	__ Nausea	__ Tinnitus	__ Stiffness	__ Dizziness
__ Vomiting	__ Vertigo	__ Clumsiness	__ Syncope	__ Trouble with smell
__ Pain	__ Decreased hearing R/L	__ Confusion	__ Blurred vision	__ Difficulty swallowing
__ Poor Balance	__ Concentration pb.s	__ Diplopia	__ Hoarseness	__ Poor coordination
__ Memory problems	__ Tremors	__ Choking	__ Trouble walking	__ Lethargy
__ Visual Changes	__ Weakness-arms	__ Weakness-legs	__ Numbness-arms	__ Numbness legs
__ Incontinence – bladder	__ Incontinence – bowel	__ Personality change	__ Diffuculty chewing	__ Difficulty tasting
__ Erectile dysfunction	__ Facial numbness	__ Facial tingling	__ Drooling	__ Speech difficulty
__ Hallucinations	__ Seizures	__ Other	__ Other	__ Other

Family History

	Father	**Mother**	**Father's Parents**	**Mother's Parents**	**Siblings**
Heart Disease	_____	_____	_____	_____	_____
Hypertension	_____	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____	_____
Cancer	_____	_____	_____	_____	_____
Arthiritis	_____	_____	_____	_____	_____
Bleeding disorder	_____	_____	_____	_____	_____
Kidney disease	_____	_____	_____	_____	_____
Thyroid disease	_____	_____	_____	_____	_____
CNS tumors	_____	_____	_____	_____	_____
Epilepsy	_____	_____	_____	_____	_____
Stroke	_____	_____	_____	_____	_____
Psychiatric disorders	_____	_____	_____	_____	_____
Dementia	_____	_____	_____	_____	_____
Neuromuscular	_____	_____	_____	_____	_____
Other_____	_____	_____	_____	_____	_____

Remarks

_____

_____