Neurology Associates, LLP 673 Pine Street Macon, Georgia 31201 478 – 743 – 9123 (phone) 478 – 742 – 9809 (fax)

Patient's Name: _____ **Date:** _____

Height: _____ **Weight:** _____

Current Medications *(Please list doses and frequency)*

_____

_____

_____

_____

_____

_____

_____

_____

Allergies / Intolerances *(Please describe reaction)*

_____

_____

_____

_____

_____

Have you had any falls in the past year? Yes [ ] No [ ]

Do you smoke? Yes, currently [ ] No, ex-smoker [ ] No, never-smoker [ ]

Do you drink alcohol? Yes [ ] (about how many drinks/week?) _____ No[ ]

Any recent hospitalizations? If so, where? _____

Any MRIs or CTs of the brain or spine? If so, where? _____

Please list your current pharmacy, including address. _____

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