

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Functional Neurology Health History Form (Page 1):

*Please mark any of the following statements as they apply to you:*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lack of pleasure in hobbies   | <input type="checkbox"/> Cannot deal with work load and life                                | <input type="checkbox"/> Feelings of depression or sadness.               |
| <input type="checkbox"/> Inner rage.   | <input type="checkbox"/> Inner paranoia.  | <input type="checkbox"/> Lack of enjoyment of life.                       |
| <input type="checkbox"/> Lack of artistic expression.  | <input type="checkbox"/> Do not enjoy favorite foods.                                       | <input type="checkbox"/> Do not enjoy friends as much.                    |
| <input type="checkbox"/> Feelings of worthlessness   | <input type="checkbox"/> Feelings of hopelessness   | <input type="checkbox"/> Self destructive thoughts                        |
| <input type="checkbox"/> Inability to handle stress  | <input type="checkbox"/> Anger and aggression under stress                                  | <input type="checkbox"/> Tired even after resting                         |
| <input type="checkbox"/> Isolationist  | <input type="checkbox"/> Lack of concern for others   | <input type="checkbox"/> Distracted easily                                |
| <input type="checkbox"/> Inability to finish tasks   | <input type="checkbox"/> Need stimulants (coffee<br>amphetamines, tobacco, etc)             | <input type="checkbox"/> Low libido                                       |
|  |   | <input type="checkbox"/> Quick temper                                     |
| <input type="checkbox"/> Anxiety and panic for no reason   | <input type="checkbox"/> Feelings of dread  | <input type="checkbox"/> Knots in the stomach                             |
| <input type="checkbox"/> Overwhelmed for no reason   | <input type="checkbox"/> Guilt for no reason  | <input type="checkbox"/> Restless mind                                    |
| <input type="checkbox"/> Hard to turn mind off to relax  | <input type="checkbox"/> Disorganized attention   | <input type="checkbox"/> Worry over unnecessary things                    |
| <input type="checkbox"/> Feelings of an inner tension  | <input type="checkbox"/> Feelings of an inner excitability                                  | <input type="checkbox"/> Feelings of fear                                 |
| <input type="checkbox"/> Trouble remembering visual events                                       | <input type="checkbox"/> Trouble remembering words  | <input type="checkbox"/> Lapses in memory                                 |
| <input type="checkbox"/> Impaired creativity   | <input type="checkbox"/> Difficult with comprehension                                       | <input type="checkbox"/> Trouble with calculations                        |
| <input type="checkbox"/> Trouble with recognizing objects  | <input type="checkbox"/> Unaware of normal hygiene  | <input type="checkbox"/> Slow mental responsiveness                       |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Arrhythmia   | <input type="checkbox"/> Headaches  |
| <input type="checkbox"/> Hair loss on arms or legs   | <input type="checkbox"/> Having a full bladder without being<br>aware until it is too late  | <input type="checkbox"/> Sensitivity to light                             |
| <input type="checkbox"/> Dry eyes  |   | <input type="checkbox"/> Dry mouth  |
| <input type="checkbox"/> Cold hands  | <input type="checkbox"/> Cold feet  | <input type="checkbox"/> Digestive problems                               |
| <input type="checkbox"/> Trouble listening to others   | <input type="checkbox"/> I'm easily distracted  | <input type="checkbox"/> Have difficulty planning                         |
| <input type="checkbox"/> I get easily bored  | <input type="checkbox"/> I'm tired or lethargic often                                       | <input type="checkbox"/> Poor motivation                                  |
| <input type="checkbox"/> I daydream often  | <input type="checkbox"/> I enjoy conflict   | <input type="checkbox"/> Have problems waiting my turn                    |
| <input type="checkbox"/> I'm easily restless   | <input type="checkbox"/> I am very impulsive  | <input type="checkbox"/> Some say I talk too much                         |
| <input type="checkbox"/> Some say I talk to little   | <input type="checkbox"/> I have trouble sustaining attention                                | <input type="checkbox"/> Easily distracted in routine situations          |
| <input type="checkbox"/> Trouble with close attention to detail                                  | <input type="checkbox"/> Poor goal planning skills  | <input type="checkbox"/> Trouble with expressing feelings                 |
| <input type="checkbox"/> Often don't finish projects   | <input type="checkbox"/> Difficulty with expressing empathy                                 | <input type="checkbox"/> Feel like in a "fog"                             |
| <input type="checkbox"/> Sometimes make the same mistakes<br>& do not learn well from experience | <input type="checkbox"/> Have problems sitting still &<br>remaining seated when expected to | <input type="checkbox"/> Interrupt others often                           |
|  |   | <input type="checkbox"/> Blurt out answers before question is<br>finished |
| <input type="checkbox"/> I've noted changes in sensation   | <input type="checkbox"/> I have problems identifying objects                                | <input type="checkbox"/> Problems naming objects                          |
| <input type="checkbox"/> Problems with math  | <input type="checkbox"/> Problems with writing  | <input type="checkbox"/> Problems recognizing faces                       |
| <input type="checkbox"/> Hear voices   | <input type="checkbox"/> Vision changes   | <input type="checkbox"/> Changes in hearing sounds                        |
| <input type="checkbox"/> Panic attacks   | <input type="checkbox"/> Tremors or shakiness   | <input type="checkbox"/> Poor motivation                                  |

Doctor's Notes: \_\_\_\_\_  
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Doctor's Initials: \_\_\_\_\_

- |                        |                                     |   |
|------------------------|-------------------------------------|---|
| 🍏 Overly motivated     | 🍏 Heightened startle response       | 🍏 Persistent phobias                      |
| 🍏 Easily embarrassed   | 🍏 Sweat easily                      | 🍏 Nervous easy                            |
| 🍏 Fear of being judged | 🍏 Freeze in high anxiety situations | 🍏 Often predict the worst                 |
| 🍏 Frequent sadness     | 🍏 Moodiness                         | 🍏 Negative feelings                       |
| 🍏 Frequent anger       | 🍏 Feelings of low self esteem       | 🍏 Poor sleep patterns                     |
| 🍏 Forgetfulness        | 🍏 Poor concentration                | 🍏 Feelings of helplessness & hopelessness |
| 🍏 Often distracted     | 🍏 Feelings of guilt                 | 🍏 Unable to have fun                      |
| 🍏 Excessive crying     | 🍏 Poor libido (sex drive)           |   |

## Brain Intake Form (Page 2):

*Please circle any of the below numbers as they apply to you:*

1. Half of my body hurts.
2. I have heel spurs or a history of rolling my ankle.
  
3. Writing seems to go in all different directions and seems to get worse as I continue to write.
4. I prefer rock or rap music.
5. I am very analytical.
6. I often miss the gist of a story or I am the last to get a joke.
7. I am a poor singer or my ability to sing has decreased.
8. I have a history of suicidal thoughts.
9. I tend to write very small.
10. I fatigue reading fiction novels or I have difficulty visualizing images of a story.
11. I am very good at finding mistakes (e.g. spelling).
12. I love crossword puzzles.
  
13. When I look in a mirror I feel as though the reflection is looking back at me.
14. I tend to withdraw when challenged or confronted.
15. I have noticed a recent shortness of breath.
16. I recognize faces but not names of people.
17. I tend to be happy, affectionate, hugs and kisses.
18. I tend to write very large.
19. I fatigue reading technical material.
20. I have difficulty seeing patterns in things.
21. I love doing mazes.
22. Others complain that you always think you are right.
  
23. Difficulty remembering a phone number when someone calls it out to me.
24. Difficulty parallel parking; catching or hitting baseball
25. Difficulty planning.
26. Difficulty learning.
27. Difficulty sequencing events in the proper temporal order (i.e. in order of time that events occurred).
28. Difficulty establishing and maintaining a behavior.
29. Difficulty changing a set behavior.
30. Difficulty modeling someone's behavior but if told how to do something then can do it.
31. Tend to lose focus on visual tasks.
32. Walk into a room and forget what you went in there for.
  
33. Personality changes, mood or affect.
34. Start projects don't finish; difficulty with attention to tasks.

**Doctor's Notes:** \_\_\_\_\_  
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Doctor's Initials: \_\_\_\_\_

35. Difficulty with initiation, motivation.
36. Incontinent and don't care.
37. Spontaneous crying or laughter.
38. Engage in activities that are very risky.
39. Rapid, jerky, involuntary movements.
40. Noticed changes in how things taste or smell or difficulty imagining how things taste or smell.
41. Easily distracted by ordinarily insignificant stimuli.
42. Lack social tact or antisocial.
43. Monotone speech or very low pitch voice.
44. Words get stuck, can't get them out.
  
45. Difficulty having insight into a situation.
46. Difficulty making judgments.
47. Ideas constantly popping in and out of head.
48. Stumble over words and gets worse as continue talking or when fatigued.
49. Penmanship deteriorates as continue to write.
50. Numbness noted anywhere on body.
51. Have become irritable or am easily agitated.
52. Less empathetic than used to be.
53. I have a very high pitch voice.
54. Attention difficulties associated with hyperactivity.
55. Difficulty identifying known objects.
56. Thought processing seems to be slow.
57. Reading comprehension problems.
58. Reading skill problems.
59. Stuck on ideas or things, can't let go.
60. Difficulty finding solutions to new problems.
61. Change in bladder function (difficulty starting, stopping flow, sudden urges, increased frequency).
62. Forget why I walked into room "Forgot what I was doing".
63. Poor time management; chronic tardiness.
64. Disorganized
65. Procrastinate
66. Emotionally unavailable
67. Trouble learning from experience.
68. Short term memory problems.
69. Social and test anxiety.
  
70. Worry a lot.
71. Hold onto "hurts" from the past.
72. Get stuck on thoughts.
73. Get stuck on certain behaviors.
74. Argumentative, oppositional behavior.
75. Uncooperative, tendency to say no.
76. Addictive personality (alcohol, nicotine, eating).
77. Chronic pain.
78. Very inflexible mentally.
79. Eating disorders.
80. Road rage.
  
81. Yawning constantly.
82. Moody, irritable, clinical depression.
83. Increased negative thinking.
84. Perceive events in a negative way.
85. Flood of negative emotions.

**Doctor's Notes:** \_\_\_\_\_  
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Doctor's Initials: \_\_\_\_\_

86. Appetite or sleep problems.
87. Decreased or increased sexual responsiveness.
88. General sense of not feeling well.
89. Eating disorders.
90. Difficulty with new memories.
91. Experience a lot of feelings of frustration.
92. Face, lip movements or noises.
93. Happy all the time.
94. Sad, moody or irritable all the time.
95. Can't recognize very familiar faces.
96. Difficulty distinguishing between a happy face and a sad faces.
97. When laugh one side of smile greater then the other.
98. Depression with periods of feeling blissful.
99. History of amnesia.
100. Excessively docile.
101. Total lack of fear even when it would seem appropriate.
  
102. Difficulty with motor coordination.
103. Spontaneous movements of muscles, cramps, restless legs, tapping, ticks, tremors.
104. If try and stop ticks or tremors get anxious.
105. Difficulty getting movement going (e.g. feel like feet are stuck to floor).
106. Sleep disturbances.
107. Obsessive thoughts or behaviors or songs get stuck in head.
108. I don't experience a lot of emotion, relatively flat emotionally.
109. I have difficulty suppressing emotion.
110. Panic attacks.
111. Tendency to predict the worst.
112. Conflict avoidance.
113. Muscle tension, soreness.
114. Headaches.
115. Low or excessive motivation
  
116. Difficulty hearing differences in the tones of music.
117. Sometimes language sounds foreign.
118. Spontaneous "out of the blue" emotional or behavior changes.
119. Déjà vu, sense that things feel unreal, visual or auditory hallucinations.
120. Feel that your feelings are not your own.
121. Sudden fear, anger or sexual feelings.
122. Become paranoid about things.
123. Become delusional in any way.
124. Total loss of sexual interest.
125. Intensely emotional, ardently religious, extremely moralistic, totally lacking in humor.
126. Difficulty with short term memory.
127. Difficulty with long term memory.
128. Ringing in ears.
129. Hearing things that others do not (e.g. voices, music).
130. Hear back ground noise only.
131. Dreams where you can't speak or hear?
132. Difficulty hearing high pitch sounds.
133. Difficulty hearing low pitch sounds.
134. See shadows.
135. Sense presence of others.
136. Sometimes can't distinguish between what is real and what is not.
137. Sometimes can't distinguish between inanimate and animate objects.

**Doctor's Notes:** \_\_\_\_\_  
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Doctor's Initials: \_\_\_\_\_

138. Difficulty identifying “what” a moving object is.
139. Difficulty recognizing familiar faces.
140. Sometimes have “evil”, dark or violent thoughts.
141. Aggressive behavior.
142. Sensitivity to slights.
143. Reading difficulties.
144. Emotional instability.
  
145. Problems with bowel function; constipation; diarrhea; blood pressure; hear rate.
146. Anxiety
147. Sense of world spinning or you spinning.
  
148. Letters are sometimes seen backward.
149. Get claustrophobic, tunnel vision or that the world is closing in.
150. Difficulty counting, calculating (e.g. long division).
151. Have difficulty understanding how you yourself feel.
152. Without looking, have difficulty knowing “where” in space foot or hand is.
153. Difficulty with calculations.
154. Confused between left and right.
155. Poor observational skills.
156. Odd sensations (e.g. bugs crawling on skin).
157. Have difficulty understanding how others feel.
158. Difficulty knowing which way is north.
159. Panic attacks or out of body experience.
160. Sometimes your left hand or foot does not feel like yours (i.e. disconnected).
161. Get surprised by things coming from left side.
162. Difficulty with word problems.
163. 3 dimensional objects ever appear 2 dimensional.
164. Difficulty identifying a common object.
165. Difficulty getting dressed.
166. All sounds, voices, music seem flat.
167. Difficulty reading peoples facial expressions.
168. Difficulty performing a motor task that has always been easy (e.g. using a hammer or scissors)
169. Difficulty knowing what is in your pocket (left or right) without pulling it out and looking at it.
170. Difficulty judging differences in the weight of objects.
171. Sometimes forget to shave, comb hair or eat food on one side.
172. Difficulty getting dressed. Sometimes buttons missed despite paying close attention.
173. Difficulty identifying moving objects but no problem once they are stationary.
174. Perceive pain but do not experience any associated emotion with the pain.
175. Difficulty interpreting emotional content of a verbal conversation.
  
176. Visual hallucinations without color.
177. See visual images of people or objects that are not there; visual hallucinations.
178. See visual hallucinations of people who communicate with me.
179. See zig zag lines or waves.
  
180. Visual hallucinations with color
181. Fast jerky movements.
182. Changes in eating or drinking habits.
183. Changes in maternal behaviors or nurturing behaviors (e.g. behavior with children or animals).
184. Changes in initiating and maintaining behaviors that you found rewarding.
185. Disturbances of sleep / wake cycle.
  
186. Difficulty focusing on something near or far and gets worse when tired.

**Doctor's Notes:** \_\_\_\_\_  
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Doctor's Initials: \_\_\_\_\_

- 187. Dizzy when going down stairs or escalators.
- 188. Find lights and / or sounds to be too intense at times.
- 189. Whole body hurts.
- 190. I notice that I sweat more on one side then the other.
- 191. Dry eyes, nose, mouth or tearing of eyes and running of nose, excess saliva.
- 192. Light headed, nausea, heart palpitations, vomiting, motion sickness.
- 193. Change in voice.
- 194. Difficulty projecting voice
- 195. Difficulty with arousal (i.e. waking up), I seem to be half asleep all the time.
- 196. Difficulty relaxing, falling asleep, constantly keyed up.
- 197. History of blood pressure problems low or high.
- 198. History of respiration problems.
- 199. Get heart palpitations or fluttering or racing heart.
- 200. World spins (Left or Right)\*
- 201. You spin (Left or Right)\*
- 202. Get double vision when look to one side.
- 203. Often bite tongue or cheek.
- 204. Difficulty localizing the direction of a sound.
- 205. Voice is really soft.
- 206. Often feel sick to stomach, eyes tear, mouth waters.
- 207. Snoring or choking on food.
- 208. Changes in heart, lung, gut, bowel or bladder or sexual function.
  
- 209. Difficulty visualizing a performance, activity or physical action.
- 210. Change in position makes you light headed.
- 211. Often bump into things.
- 212. Slurring of speech.

**Explanation, if needed, for any of the above circled items.**

Thank you

for taking the time to fill out this health history questionnaire. This

information is important in the doctor obtaining a clinical picture so as to make an appropriate diagnosis & treatment plan. Please sign below authorizing that the information in this form has been read & filled out completely & accurately to the best of your understanding. Also, understand that the information in this form is considered confidential & for use by your doctor. Any disclosure is outlined in our privacy policies.

**Doctor's Notes:** \_\_\_\_\_  
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Doctor's Initials: \_\_\_\_\_