

MEDICAL HISTORY - Upcoming appointment:

Patient Name:.....

1. What is the name and the address of your General Practitioner?

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2. Have you recently been in hospital for a neurological related illness yes/no

- If yes which hospital and when?

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3. Have you previously been under the care of another neurologist?

- If yes, what was the name and address of your neurologist?

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4. Have you had any precious relevant medical imaging, ie MRI's of the Brain or Spine, PET -CT, ECS/EMG? Yes /No

- If Yes where and when did you have this done?

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5. Have you had any previous EEG, Tilt test? Yes/no

- If Yes can you please confirm where you had test & around what date?

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6. Is there any other medical history which you think would be valuable to assist with your initial consult>

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7. Is there any other medical practitioner other than your referring doctor and GP that you would like to be cc into the correspondence?

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