

1. In one sentence, describe what made you go to see your doctor? _____

2. Do you have any headaches? _____ Describe _____
3. Do you have any weakness? _____ Where? _____
4. Have you had seizures? _____ What kind? _____
5. Do you have difficulty walking? _____ Describe _____
6. Is your vision normal? _____ If not, can you describe? _____
7. Did the difficulty come on gradually? suddenly? over years? months? weeks?
8. Have you ever had surgery? _____ When? _____
What was done? _____
9. Have you had difficulty:
 1. Thinking? _____
 2. Remembering? _____
 3. Calculating? _____
 4. Thinking of the right words to say? _____
 5. Saying Words? _____
10. Have you had difficulty with your balance _____
11. Have you had any previous brain:
MRI's _____
When/Where _____
Cat Scans? _____
When/Where _____