



Seton Brain & Spine Institute NEUROLOGY

A member of the Seton Family of Hospitals

1600 W. 38TH ST, 3RD FLOOR, SUITE 308 | AUSTIN, TX 78731 | 512.324.3540

Follow Up Visit Questionnaire

Patient Name: _____ Date of Service: _____

Name of your Current Primary Care Physician (PCP) _____

Initial here if you DO NOT want a copy of today's note sent to this physician _____

Reason for your Follow up visit today: _____

Medications

Please list your updated medications and doses since your last visit. If you brought your medication list, attach to this questionnaire:

Please circle the symptom or symptoms that you currently have or have had in the last six months.
If you don't have any symptoms, please circle no symptoms.

General:

Fever
Chills
Weight loss
Weight gain
Fatigue
Syncope
Excessive sweating
Depression
Anxiety
No Symptoms

Eyes/Ears:

Change in vision
Blurred vision
Double vision
Loss of hearing
Ringing of the ears
Earaches
No Symptoms

Throat/Sinus:

Difficulty swallowing
Sore throat
Nasal pain
Nose bleeds
No Symptoms

Neck:

Neck stiffness
Swollen lymph nodes
No Symptoms

Pulmonary:

Shortness of breath
Dry cough
Productive cough
Pneumonia
No Symptoms

Cardiac:

Chest pain
Palpitations
Hypertensions
Heart murmur
No Symptoms

Vascular/Hematologic:

Swollen legs
Blood clots
Anemia
Easy bruising or bleeding
Transfusions
No Symptoms

GI:

Stomach pain
Constipation
Diarrhea
Hepatitis
No Symptoms

Urinary:

Frequency
Incontinence
Infections
No Symptoms

Musculoskeletal:

Muscle aches
Joint pain
No Symptoms

Neurological:

Headache
Seizure
Stroke
Weakness
Tremor
Imbalance
Falls
No Symptoms

Other:

Office Use Only Staff Initials _____ Date: _____
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