



# JEFFREY E. THOMAS

M.D., F.A.C.S.

CEREBROVASCULAR, INTERVENTIONAL  
AND GENERAL NEUROSURGERY

**PLEASE COMPLETE ALL SECTIONS OF THIS FORM.**

**Referring Doctor: Name, telephone number and address.**

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**Chief Complaint: Why have you come here? How long have symptoms, if any, been present?**

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**Medications:**

(specify type and schedule)

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**Allergies to medication: specify what happens.**

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**Past medical and surgical history (include dates if possible)**

**Hospitalizations:**

**Surgery:**

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**Major medical illnesses:**

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**Family history:** cardiac, vascular (stroke and arterial disease, aneurysms), diabetes, cholesterol, cancer: specify family member if possible.

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**Social history:**

Marital status:

Occupation:

Alcohol and tobacco consumption: type and frequency, duration in years

**Review of Systems: CIRCLE any of the following that apply to you.**

**General/ constitutional:** Weight loss or gain (specify amount and duration), appetite, digestion, sleep habits and adequacy, energy level

**HEENT:**

**Head:** Swelling, sinusitis, closed head injury, infection

**Eyes:** visual loss, photosensitivity, eye infection, eye pain, inflammation or bleeding, visual disturbance, color vision problem

**Ears:** discharge, muffled hearing, hearing loss, ear pain/ fullness

**Nose:** bleeding, deviated septum, airway obstruction, discharge, pain

**Throat:** swelling, discharge, sputum, tonsillitis, swelling, pain

**Respiratory:** Asthma, wheezing, shortness of breath, painful breathing, bronchitis, pneumonia, cough, sputum, bloody secretion, lung collapse, emphysema, pleuritis, cigarette smoking history, upright sleeping

**Cardiovascular:** Heart attack, angina, high blood pressure, coronary artery disease, heart valve disease, history of rheumatic fever, congestive heart failure, cardiomyopathy, heart rhythm disturbance (atrial fibrillation, WPW), blood lipid abnormalities (high cholesterol or triglycerides), diabetes, congenital heart defect

**Gastrointestinal:** swallowing difficulties, change in bowel habits, bright red blood in stool, tarry stool, incontinence of stool, anorexia, nausea, vomiting, diarrhea, constipation, gastroesophageal reflux disease, other digestive problems, peptic ulcer, gallbladder disease, gallstones, gastritis, stomach sensitivity to medication such as aspirin, enterocolitis, dysentery, history of

parasitic disease (tapeworm), pancreatitis, vitamin deficiency, lactose intolerance, fat intolerance, cancer or other neoplasm of GI tract

**Genitourinary:** Painful urine, blood in urine, frequency or urgency of urine, kidney stone, kidney anomaly (solitary kidney, polycystic kidney disease), prostate cancer, prostatic hypertrophy, erectile dysfunction, history of sexually transmitted disease, ovarian cyst, ovarian tumor, uterine bleeding, uterine fibroids, uterine cancer, testicular cancer.

**Haematological (disorders of the blood):** anemia, thalassemia, platelet dysfunction, bleeding tendency, clotting tendency, blood factor anomaly (e.g., Factor V Leiden, Protein C or Protein S abnormality), blood lipid disorder, white blood cell disorder, red blood cell disorder, history of blood cancer (leukemia, lymphoma), autoimmune disorder (e.g., lupus erythematosus).

**Endocrine (hormonal):** thyroid disease, pituitary disorder or tumor, adrenal disorder (Addison's disease), diabetes.

**Skin:** Rash (e.g., eczema), skin cancer (melanoma, basal cell type, squamous cell type), healing abnormalities (wound healing problems, keloid formation, scar discoloration).

**Neuromuscular:** headache, previous stroke or TIA, seizure, fleeting blindness, other visual disturbance (double vision, blurred vision), memory disturbance, weakness of one side of body, speech dysfunction (inability to speak smoothly, word finding difficulty, difficulty understanding speech, coordination difficulty or clumsiness, difficulty with balance, walking dysfunction (rhythm, balance or pain), loss of muscle mass (specify),

problems with special senses (hearing, vision, smell, taste: specify), painful face, movements of the face or eyes, lancinating pain (e.g., sciatica), sensory dysfunction (numbness, tingling, electrical sensation)

**Skeletal/rheumatic:** Connective tissue disorder (e.g., Marfan's syndrome, collagen deficiency), arthritis (specify), fracture, osteopenia or osteoporosis

**Infectious Diseases:** Chronic infection, current infection, use of antibiotics, TB (tuberculosis), exposure to TB, immune disorder, parasitic illness (e.g., malaria), recent exotic travel (specify), history of hepatitis (specify), HIV status, history of sexually transmitted disease, history of blood transfusion.

**Psychiatric:** Psychiatric illness or hospitalization, anxiety disorder, panic disorder, depression, hallucination, compulsive disorder, psychiatric medication, history of substance abuse (alcohol, medication, illicit drug use)

By: \_\_\_\_\_  
Patient's or Patient Representative's Signature (Date)

Print: \_\_\_\_\_