Dr. Laura Baxter
MD, FRCPC
Neurologist

502-1515 Dufferin Crescent
Nanaimo, BC V9S 5H6
Ph (778) 787-1707 Fax (778) 787-1511

New Patient Assessment Questionnaire Date: _____

Name: **DOB:**

Handedness: ☐ Right ☐ Left ☐ Ambidextrous

Occupation:

Work status: ☐ Full time ☐ Part time ☐ Retired ☐ Homemaker ☐ Unemployed ☐ Disability

Living Arrangement: ☐ Alone ☐ With family ☐ With roommate ☐ Care facility ☐ Other

Do you drive? ☐ No ☐ Yes

Do you have extended health benefits?

Preferred Pharmacy:

Height: **Weight:**

Medical History

(please list all medical conditions, diagnoses, and previous surgeries):

_____

_____

_____

_____

_____

_____

_____

Medications (complete below or attach a list)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Allergies: ☐ No ☐ Yes *(list)* _____

Social Profile

Have you ever smoked? ☐ No ☐ Yes

If yes: How long? _____ How much? _____ If you quit, when? _____

Do you drink any alcohol? ☐ No ☐ Yes If yes, how much per week: _____

Please complete other side…

Any marijuana products? ☐ No ☐ Yes If yes, how much per week:_____

List any other recreational drugs used:

Family History

☐ Neurologic diseases (brain, spine, nerve, muscle)_____

☐ Autoimmune diseases_____

☐ Other_____

Description of Symptoms

What is the main issue/symptom for today's appointment?_____

_____

Provide a brief description of your issue/symptom _____

_____

_____

_____

_____

Duration of symptoms: _____

What treatments have you tried for this problem (medications, physio, message, alternative medicines, etc)?

_____

_____

What investigations (lab tests, imaging, etc) have been done? _____

_____

_____

Have you seen other specialists or health providers for this issue in the past? Who?

_____

_____

Top Questions for Today's Visit

1. _____

   _____

2. _____

   _____

3. _____

   _____