

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 _____ Is your vision normal? _____ If not, can you describe? _____

6. Did the difficulty come on. . gradually? suddenly? over years? months? weeks?

7. Have you ever had surgery? _____ When?

What was done?

8. 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. Describe your general health

- 12. Do you have allergies or asthma? _____
- 13. Have you ever had a reaction to x-ray dyes or contrast agents?

- 14. Are you taking a medications? _____ What kind? _____
- 15. Have you had any previous brain. . .
MRI's? _____
Cat Scans? _____