

The Child Neurology Group

1783 Route 9, Suite 101 • Clifton Park, NY 12065
Phone: (518) 782-3810 • Fax: (518) 782-3838



Richard J. Simmons, MD • Steven Hicks, RPA-C

Name: _____ Age: _____ DOB: _____

Primary Physician: _____

Other Physicians: _____

<u>Reason for Today's Visit</u>		
<u>Current Medical Problems</u>		
<u>Past Surgery</u>		
<u>Previous Hospital or ER Visits</u>		
<u>Current Medications</u>		
<u>Medication Name</u>	<u>Dose</u>	<u>Time(s) Taken</u>
<u>Medication Allergies</u>		<u>Food Allergies</u>
<u>Previous Medical Tests (MRI, EEG, CT Scan, etc.)</u>		

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Birth History (Circle & Fill In All Information)			
Delivered at: _____ weeks / Full Term / Premature			
Delivery Type: Vaginal / Scheduled C-Section / Emergency C-Section			
Assistance: Vacuum / Forceps			
Apgar Scores: _____ / _____			
Complications After Delivery (explain):			
Family History – List Medical Problem and Family Member Affected			
<u>Family Member</u>	<u>Diagnosis</u>		
With Whom Does the Patient Live:			
<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP TO PATIENT</u>	<u>OCCUPATION</u>
Patient's Current Grade Level			
_____ Grade / Homeschooled / Not Yet In School / No Longer in School			
Questions You Have For the Doctor			