



Please bring this completed form with you for your visit on _____ at ____am/pm

Pre-visit Medical Questionnaire

Please answer the following questions about your medical health. Although this form is lengthy, it is designed to be thorough. Completing this information before your visit helps us to be focused in your exam and to make the best use of our time together.

If you are completing this form on behalf of the patient, please complete this box:

_____	_____
Name	Relationship to patient

Phone number	

Patient Name: _____ DOB: _____

Address: _____ Apt: _____

_____ Zip: _____

Phone: _____ Cell: _____

Primary Care Physician: _____

Address: _____

Phone: _____ Fax: _____

My reason for coming to the Memory Center is:

Memory

Mobility

Both

My goal is:

1. Memory

Please describe briefly the types of concerns you have about your memory:

Have others told you they believe you are having changes in your memory?

Was the onset of your symptoms Sudden or Gradual? Please describe

When did you start to notice these symptoms? Is there any pattern that you have noticed?
