

Patient Name: _____ Age: _____

HISTORICAL INFORMATION

Instructions: Please circle the correct response. Sign and date when completed.

Have you ever been diagnosed or told you had any of the following?

- | | | | |
|-------|--|-----|----|
| 1. | High Blood pressure (hypertension) | YES | NO |
| 2. | Hardening of the arteries (arteriosclerosis) | YES | NO |
| 3. | Diabetes | YES | NO |
| 4. | Heart or blood vessel diseases | YES | NO |
| 5. | Bone spurs on the neck bones (cervical spondylosis) | YES | NO |
| 6. | Whiplash injury (flexion-extension injury, cervical sprain) | YES | NO |
| 7. | Have any of your relatives ever suffered a stroke? | YES | NO |
| 8. | Were you ever a smoker? From _____ to _____ | YES | NO |
| 9. | Do you take any medication on a regular basis? What? (Coumadin, Heparin, Aspirin, Antihypertensive medicine, etc...) | YES | NO |
| _____ | | | |
| 10. | *Women Only* Have you ever taken oral contraceptives? | YES | NO |

Have you ever experienced any of the following?

- | | | | |
|-----|--|-----|----|
| 1. | Blurred vision? | YES | NO |
| 2. | Double vision? | YES | NO |
| 3. | Diminished or partial loss of vision in one or both eyes? | YES | NO |
| 4. | Complete loss of vision in one or both eyes? | YES | NO |
| 5. | Ringing, buzzing or any noise in the ear(s)? | YES | NO |
| 6. | Hearing loss in one or both ears? | YES | NO |
| 7. | Slurred speech or other speech problems? | YES | NO |
| 8. | Difficulty swallowing? | YES | NO |
| 9. | Dizziness? | YES | NO |
| 10. | Temporary lack of understanding? | YES | NO |
| 11. | Loss of consciousness, even momentary blackouts? | YES | NO |
| 12. | Numbness or loss of sensation in face, fingers, hand, arms, legs, or another parts of your body? | YES | NO |
| 13. | Any other abnormal sensation in any part of your body? | YES | NO |
| 14. | Weakness, clumsiness or loss of strength in the face, fingers, hands, arms or legs? | YES | NO |
| 15. | Sudden collapse without loss of consciousness? | YES | NO |

SIGNATURE OF PATIENT: _____ DATE: _____