**NEUROLOGY PATIENT QUESTIONNAIRE**

To be completed by parent/guardian.

<table>
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<tr>
<th>What concerns do you have for today’s visit?</th>
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**Does the patient have any allergies?**
- [ ] Yes
- [ ] No

**Type of Reaction (ex. Rash, hives, difficulty breathing)**

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<thead>
<tr>
<th>List allergies:</th>
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**Severity of Reaction**
- [ ] Mild
- [ ] Moderate
- [ ] Severe

**At what age did allergy first appear?**

- [ ] Yes
- [ ] No

**Grade in school:**

**Is your child receiving any special services?**
(ex: Early Intervention, PT, OT, Special Ed)

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<tr>
<th>Current performance in school:</th>
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- [ ] Please check the box if your child is 16 or older, and if you would like to speak with a social worker about guardianship/transition into adult care.

**Are the patient’s immunizations up to date?**
- [ ] Yes
- [ ] No

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<thead>
<tr>
<th>Missed immunization/reason:</th>
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**How do you (The parent/guardian) learn best?** (Check all that apply)

- Observation
- Hands on
- Video
- Written materials
- One-on-one
- Other:
- Listening
- Group

**Is there anything you would like us to know about the religious, spiritual, cultural beliefs, traditions and practices of your family or extended family?**
- [ ] Yes
- [ ] No

**Do you have any questions or concerns about family support, health insurance or financial concerns related to your child’s medical care?**
- [ ] Yes
- [ ] No

**Do you feel safe at home?**
- [ ] Yes
- [ ] No

**Is the patient the victim of any repeated teasing / taunting / harassment from peers?**
- [ ] Yes
- [ ] No

**Parent/Guardian Signature**

**Relationship to Patient**

- [ ] CA/RN check and initial here to indicate that form has been reviewed with Parent/Guardian