

General Neurology Clinic

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Patient Name: _____

Date of Appointment _____

Followup Visit Questionnaire

Please fill out as much of this questionnaire as you can before your appointment.

Who is with you today? _____

What should we know about how you have been and what has happened since your last visit? (treatment plan working or not working, improvement in symptoms, new symptoms or medication side effects, etc) _____

Do you have any particular questions or concerns you would like to address today?

What medications are you *currently* taking that are relevant to today's visit? Include doses and side effects (if any). _____

Have you had any other medical developments since your last visit? (New diagnoses, medication changes, etc)

