

**General Neurology Clinic**  
Dr. William Strayhorn  
Dr. Shahid Rafiq  
Dr. Natalia Llanes  
Dr. Albert Martins  
Dr. Laura Brosbe  
Dr. Sean Burke  
Patrick Ohsann, PA-C  
Danyelle Fraser, PA-C  
Corey Ward, CRNP

## GENERAL FOLLOW-UP VISIT QUESTIONNAIRE

Patient's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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 of symptoms, new symptoms, or medication side effects, etc.)

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**Do you have any particular questions, or concerns you want to address today?**

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

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

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