



Houston Specialty Clinic

Pediatric Neurology | Pediatric Pulmonology | Pediatric and Adult Sleep Medicine
The Offices of Dr. Joshua Rotenberg, Dr. Sarat Susarla, PA Kara Schmidt

Established Patient Neurology History Form

Date of Visit: _____

Patient's Name: _____

Date of Birth: _____

Please list any specialists that you have seen since your last visit: _____

Any changes since your last visit? (Please write a brief description of any changes since the last visit)

Do you have any questions for the doctor today?

Current Medications:

Medications	Dosage	How Often	mg/kg/day

Have you had any emergency room visits? _____

Do you have any concerns about mood, thinking, learning, growth, or development? _____

DRUG ALLERGIES: _____

Has this patient undergone any diagnostic tests since the last visit?

Test	Date	Where	Results
MRI, CT, or X-ray			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
EEG			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Blood Work/Labs			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Audiology/Hearing			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Vision			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Genetic Testing			<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

Other consultations with doctors, psychologists, or therapists: _____

Please check all that apply:

_____ I have prescriptions that need to be refilled

_____ I need a school excuse or work excuse

_____ I need the attached forms filled out (NOTE: there may be a fee for certain forms)

For Office Use Only

WT (kg): _____	HT (cm): _____	BP: _____	HR (BPM): _____	O2 (%): _____	HC (cm): _____
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