New Patient History Form

Patient Name _____ Date of Birth xx/xx/xxxx _____

Over the last 2 weeks, how often have you been bothered by the following symptoms?
0 = Not at all 1 = Some Days 2 = More than half of the days 3 = Nearly everyday

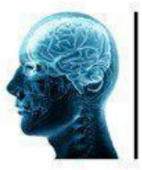
1.	Little interest or pleasure in doing things.	☐ 0	☐ 1	☐ 2	☐ 3
2.	Feeling down, depressed, or hopeless.	☐ 0	☐ 1	☐ 2	☐ 3
3.	Trouble falling or staying asleep, or sleeping too much.	☐ 0	☐ 1	☐ 2	☐ 3
4.	Feeling tired or having little energy.	☐ 0	☐ 1	☐ 2	☐ 3
5.	Poor appetite or overeating.	☐ 0	☐ 1	☐ 2	☐ 3
6.	Feeling bad about yourself or that you are a failure or have let your family down.	☐ 0	☐ 1	☐ 2	☐ 3
7.	Trouble concentrating on things such as reading or watching television.	☐ 0	☐ 1	☐ 2	☐ 3
8.	Moving or speaking so slowly that other people could have noticed, or the opposite- being fidgety or restless that you are moving around more.	☐ 0	☐ 1	☐ 2	☐ 3
9.	Thoughts that you would be better off dead or hurting yourself in some way.	☐ 0	☐ 1	☐ 2	☐ 3
10.	Feeling nervous, anxious or on edge.	☐ 0	☐ 1	☐ 2	☐ 3
11.	Not being able to control or stop worrying.	☐ 0	☐ 1	☐ 2	☐ 3
12.	Worrying too much about different things.	☐ 0	☐ 1	☐ 2	☐ 3
13.	Trouble relaxing.	☐ 0	☐ 1	☐ 2	☐ 3
14.	Being so restless that it is hard to sit still.	☐ 0	☐ 1	☐ 2	☐ 3
15.	Becoming easily annoyed or irritable.	☐ 0	☐ 1	☐ 2	☐ 3
16.	Feeling afraid as if something awful might happen.	☐ 0	☐ 1	☐ 2	☐ 3

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

☐ Not at all ☐ Somewhat Difficult ☐ Very Difficult ☐ Extremely Difficult

_____ _____

Total Score Date



Midwest Neurology Associates, P.C.

1100 Joliet St, # 201 Dyer, Indiana 46311
219-836-2096 mwneuro.com

Patient Information Authorization

Patient Name	Date of Birth xx/xx/xxxx	Today's Date

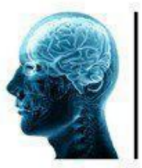
It is the policy of Midwest Neurology Associates, P.C. that all personnel preserves the integrity and the confidentiality of medical and financial information pertaining to the patients. The purpose of this policy is to ensure that Midwest Neurology Associates, PC and its officers, employees, and agents have the necessary medical and financial information to provide the highest quality of service while protecting the confidentiality of that information. To that end, we ask that the patient complete the following information.

Information regarding the status of my medical condition may be given to:

Name	Phone xxx-xxx-xxxx	Relationship
Name	Phone xxx-xxx-xxxx	Relationship
Name	Phone xxx-xxx-xxxx	Relationship
Name	Phone xxx-xxx-xxxx	Relationship
Name	Phone xxx-xxx-xxxx	Relationship

I was offered a copy of the Notice of Privacy Practices

Signature of Patient or Parent/Guardian	Date



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