NEUROLOGY & NEUROSCIENCE ASSOCIATES, INC.

Susana M. Bowling, M.D.
Roswell B. Dorsett III, D.O.
DeAnna Frye, Ph.D.
DeRen Huang, M.D., Ph.D.
Zachary R. Lewton, M.D.
Ryan J. Lynch, D.O.
Megan E. Mason, M.D.
Amir C. Mazhari, M.D.
Hugh J. Miller, M.D.
Eugenio A. Peluso, Ph.D.
José C. Rafecas, M.D.
Frankie Roman, M.D.
Lawrence M. Saltis, M.D.
Laura P. Samson, Psy.D.
Roger M. Weiss, D.O.

TIA Clinic

at NNA's Stroke Prevention Center

Intake form Date_______________

Patient name: ______________________________

Patient phone: ______________________________ Weight:____________ Age: ____________

Primary insurance: ______________________________ Phone: ______________________________

Please provide a copy of the patients' insurance card

Primary Care Physician: ______________________________

PCP phone: __________________________ Caller name: ______________________________

Referred by: ____PCP office ______ER ______NNA doc Other: ______________________________

The following information is very important, please complete all questions

Known Risk Factors: ______ previous CVA/TIA ______ Diabetes ______ Hypertension

Does the patient take:______ ASA ______ Aggrenox ______ Plavix ______ Coumadin

Within the past week, has the patient had any of the following symptoms?

______ Weakness ______ Language Deficit ______ Vision loss

If any of the above symptoms have occurred within the last week & are still present, the patient should go to the ER

Symptoms:

______ headache ______ dizziness ______ gait imbalance

______ loss of coordination ______ blurred vision ______ double vision

______ confusion ______ numbness ______ facial droop

______ other symptoms: ______________________________

When did symptoms begin?______________________________

How long did symptoms last? ______________________________

Are symptoms still present? ______ No ______ Yes (Which: ______________________________)

MRI Compatibility - Does the patient have:

______ Previous difficulty with MRI ______ Stimulator

______ Surgery in last 8 weeks ______ Metal implants/apparatus

______ Pacemaker ______ Other MRI limitations