

NEW PATIENT QUESTIONNAIRE – Aneurysm

Patient Name: _____ Age: ____ Referred
by: _____

B/P: _____ HR: _____ Resp: _____ Weight: _____ Height: _____ R _____
L _____ Handed

What is your primary complaint that brought you here today?

When did you first begin to notice symptoms?

Please describe:

Do you have headaches normally?

Where are the headaches located?

Have you had a sudden onset of headache (instantaneous)?

Do you have stiffness of the neck with the headaches?

Does light hurt your eyes?

When did this occur?

Have you had prior head trauma, injury or surgery? If so, when?

Have you noticed new problems with your vision?

Please describe.

Have you had any difficulty with words or speech?

Please describe.

Have you noticed any weakness of arms or legs?

Changed in your memory (long or short term)?

Confusion or disorientation?

Have you had episodes or passing out or seizures?

Please describe

Prior testing? (i.e. CT, MRI, Angiogram)?

Is there a family history of brain aneurysms?