

NEW PATIENT QUESTIONNAIRE – HYDROCEPHALUS

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 your symptoms begin?

Do you have headaches? Describe.

Do you have problems with your vision? Describe.

Do you have changes in your memory, periods of confusion or disorientation?

Have you had difficulty with walking? Describe.

If experiencing both walking problems and confusion, which came first and which symptom is the most severe?

Have you had nausea/vomiting or fatigue? Describe.

Have you had recent changes in your bowel or bladder habits?

Have you had prior testing done? Where and when?

Have you experience any of the following: infections of the brain, bleeding in the brain, injury to the head, or had past surgery on the head or brain?