

Rajesh K. Sethi M.D., PLC

4660 Kenmore Avenue, Suite 408, Alexandria, Virginia 22304. Phone 703-751-3500 / Fax 703-751-1613
Neurology • EMG • EEG • Evoked Potentials • Sleep Disorders

Questionnaire for Established patients

Name: _____ Date: _____ Primary Care Physician: _____

Has your Health insurance changed: (Please Circle) Yes ___ / No ___

Has your address or Telephone Number changed: (Please Circle) Yes ___ / No ___;

What is your main problem today?

Please list any other problems you want addressed:

Have you been admitted to any Hospital since your last visit: (Please Circle) Yes ___ / No ___
If yes - Please list Name of hospital; Date of admission, reason for admission

Compared to your last visit are you: (Please Circle) - Better; Worse, or Unchanged - In what way?

Please list any new medication Allergies or medication side effect

Please Circle any significant change in other aspects of your life

Family Members Job Living Situation Habits (Smoking; Alcohol, Caffeine)

For Office Staff

Pulse: BP: / Weight: