

1 Patient Identification

Name: _____ **Date of Visit:** _____
DOB / Age: _____ **Referring Provider:** _____
Sex: _____ **Neurosurgeon:** _____
MRN: _____ **Location of Service:** _____

Historian and reliability: _____
Visit Type (new / follow-up / post-op / second opinion): _____

2 Chief Complaint

Primary neurosurgical concern: _____
Duration: _____

3 History of Present Illness**| SYMPTOM ONSET & COURSE**

Onset (sudden / gradual): _____
Duration / course (improving / worsening / stable): _____
Precipitating event: _____

| PAIN CHARACTERISTICS

Location / radiation: _____ **Aggravating factors:** _____
Quality / severity: _____ **Relieving factors:** _____
Timing: _____

| NEUROLOGIC SYMPTOMS

Weakness (distribution, progression): _____ **Headache characteristics:** _____
Sensory changes: _____ **Seizures:** _____
Gait / balance disturbance: _____ **Cognitive / speech changes:** _____
Bowel / bladder dysfunction: _____ **Sexual dysfunction:** _____

| SPINE-SPECIFIC

Axial vs radicular pain / dermatomal distribution: _____
Neurogenic claudication: _____
Prior spine interventions: _____

| CRANIAL / BRAIN-SPECIFIC

Vision / hearing changes: _____
Facial weakness / numbness: _____
Dysphagia / cranial nerve symptoms: _____

| FUNCTIONAL IMPACT & PRIOR TREATMENTS

ADLs / ambulation / assistive devices / work impact: _____
Prior treatments (meds, PT, injections, chiro, surgeries): _____

4 Past Medical & Surgical History

PMH PAST MEDICAL HISTORY

Neurologic conditions, cardiovascular disease, diabetes, coagulopathy, cancer, other chronic illnesses...

PSH PAST SURGICAL HISTORY

Neurosurgical procedures, other surgeries...

5 Medications

Current medications with dose and frequency. Anticoagulants / antiplatelets. Steroids. Pain medications...

6 Allergies

Drug allergies: _____
Reaction type: _____

7 Family & Social History

FH FAMILY HISTORY

Neurologic disorders, spine disease, tumors, genetic conditions...

SH SOCIAL HISTORY

Occupation: _____ **Alcohol use:** _____
Living situation: _____ **Substance use:** _____
Tobacco use: _____

8 Review of Systems

Constitutional: _____ **Musculoskeletal:** _____
HEENT: _____ **Neurologic:** _____
Cardiovascular: _____ **Psychiatric:** _____
Respiratory: _____ **Endocrine:** _____
Gastrointestinal: _____ **Hematologic / Lymphatic:** _____
Genitourinary: _____ **Allergic / Immunologic:** _____

All other systems reviewed and negative unless otherwise noted: _____

O Physical Examination

9 VITALS

BP: _____ RR: _____ Oxygen saturation: _____
HR: _____ Temperature: _____ BMI: _____

10 GENERAL

Appearance / level of distress: _____

11 NEUROLOGICAL EXAMINATION

MENTAL STATUS

Orientation / attention / memory / language: _____

CRANIAL NERVES (II-XII)

Visual fields / eye movements / facial symmetry: _____

Hearing / palate elevation / tongue movement: _____

MOTOR

Strength (0-5 scale): _____

Tone / bulk: _____

SENSORY

Light touch / pinprick: _____ Vibration / proprioception: _____

REFLEXES

Deep tendon reflexes: _____

Pathologic reflexes (Babinski, Hoffmann): _____

COORDINATION & GAIT

Finger-to-nose / heel-to-shin / rapid alternating: _____

Normal gait / tandem gait / Romberg: _____

12 SPINE EXAMINATION

Posture / alignment: _____ ROM (cervical / thoracic / lumbar): _____

Tenderness / muscle spasm: _____ Straight leg raise / Spurling test: _____

13 DIAGNOSTIC DATA REVIEWED

MRI (region, findings): _____

CT: _____

X-ray: _____

EMG / NCS: _____

Labs / external records: _____

A Assessment

14 PRIMARY DIAGNOSIS

Neurosurgical condition with level and severity: _____

ICD-10 Code: _____

15 DIFFERENTIAL DIAGNOSES

Structural: _____

Neurologic: _____

Non-neurologic causes: _____

16 PROBLEM LIST

Pain / neurologic deficits: _____

Functional limitation / imaging abnormalities: _____

P Plan

17 MEDICAL MANAGEMENT

Medications / pain management: _____

18 PROCEDURAL / SURGICAL PLAN

Indication for surgery: _____

Procedure considered: _____

Urgency: _____

19 RISK DISCUSSION

Surgical risks / benefits / alternatives: _____

20 DIAGNOSTICS & REFERRALS

Additional imaging / labs: _____

Referrals (pain mgmt / neurology / PT): _____

21 REHABILITATION & ACTIVITY RESTRICTIONS

Physical / occupational therapy: _____

Lifting / work restrictions: _____

22 FOLLOW-UP

Timeline: _____

Red flag symptoms: _____

23 TIME DOCUMENTATION & BILLING

Total time spent: _____

Counseling and coordination time: _____

Complexity / risk level / data reviewed: _____

Neurosurgeon name & credentials: _____

Date / Time: _____

Signature: _____

Facility: _____

NPI: _____

Visit type: _____