



Welcome back to the UT Erlanger Neuromuscular Clinic! Please complete the following:

Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

*for completion by medical staff:*

Height: \_\_\_\_' \_\_\_\_"  
Feet Inches

Weight: \_\_\_\_ lbs  
Pounds

BP: \_\_\_\_ Pulse: \_\_\_\_ Resp: \_\_\_\_ Temp: \_\_\_\_ Pain: \_\_\_\_ SI/Hi: \_\_\_\_

Please describe the primary reason for your visit today.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When were you last seen in the UT Erlanger Neuromuscular Clinic?

\_\_\_\_\_  
\_\_\_\_\_

Have you had any new medical diagnoses, surgical procedures, or hospitalizations since last being seen in clinic?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your current prescription medications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any medications or latex/tape?  
*(if so, please list)*  Yes  No

Do you currently use tobacco products?  Yes  No

UT Erlanger Neuromuscular Medicine  
Neuromuscular Clinic  
Established Patient Questionnaire



Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If minor, Parent or Legal Guardian Signature: \_\_\_\_\_

Neuromuscular Staff: Reviewed & signed by: \_\_\_\_\_