

## NEW PATIENT QUESTIONNAIRE

1. **HAVE YOU EVER BEEN DIAGNOSED WITH A NEUROPATHY? IF YES, BY WHOM AND WHEN?**
  
2. **IF YOU HAD AN EMG/NERVE STUDY PREVIOUSLY, WHO PERFORMED THE STUDY AND WHEN WAS IT PERFORMED?**
  
3. **PLEASE EXPLAIN ANY PAST SURGERIES, INCLUDING THE LEVELS (I.E. CERVICAL FUSION AT C5/C6; CARPAL TUNNEL RELEASE)**
  
4. **DO YOU HAVE ANY NUMBNESS IN ANY EXTREMITY AND ANY MUSCLE WEAKNESS? IF SO, PLEASE EXPLAIN IN DETAIL**
  
5. **DO YOU SUFFER FROM BACK OR NECK PAIN? IF YES, PLEASE EXPLAIN ABOUT THE AREA WHERE PAIN IS LOCATED**
  
6. **DO YOU EXPERIENCE PAIN THAT RADIATES IN TO YOUR ARM OR LEG? IF YES, PLEASE EXPLAIN**
  
7. **ARE YOU DIABETIC? IF YES, WHEN WERE YOU DIAGNOSED?**
  
8. **HAVE YOU BEEN DIAGNOSED WITH ANY SLEEPING DISORDERS? IF YES, BY WHOM AND WHEN?**
  
9. **DO YOU EXPERIENCE MIGRAINES? IF YES, HOW OFTEN AND ARE YOU TAKING MEDICATION?**
  
10. **PLEASE LIST ANY CURRENT MEDICATIONS YOU ARE TAKING:**