

# Symptom Checklist for Neurological Review

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

## Neurological Symptoms Checklist

1. Headache: None Mild Moderate Severe
2. Dizziness/Vertigo: None Mild Moderate Severe
3. Numbness/Tingling: None Mild Moderate Severe
4. Weakness: None Mild Moderate Severe
5. Seizures: None Rare Frequent

## Additional Symptoms

Submit

Signature of Patient: \_\_\_\_\_