Texas Health Physicians Group®
Texas Alzheimer's & Memory Disorders

Diana R. Kerwin, MD

We are excited about your upcoming appointment with Texas Alzheimer's & Memory Disorders. Please find the enclosed New Patient packet that we are requesting be completed prior to your visit with us.

Appointment Date:_____

Time:_____

Please arrive **20 minutes** prior to your appointment time and expect your appointment to last about an hour.

Our Office Is Located at:

8198 Walnut Hill Lane (Texas Health Presbyterian Dallas)
Suite 100 – Jackson Building
Dallas Texas 75231
*** Jackson Building is located behind the Margot Perot Building*

Contact Numbers:
Phone: 214- 345-4449
Fax: 214- 345- 4286

Please do not hesitate to reach out to our team with any questions regarding your New Patient appointment. We look forward to meeting you soon.

Sincerely,

Texas Alzheimer's & Memory Disorders Team

Texas Health Physicians Group®
Texas Alzheimer's & Memory Disorders

Diana R. Kerwin, MD

Friendly Reminders and Requests for your Initial visit:

- **Insurance Information**: Please bring your Insurance ID and Photo ID. We cannot see you without proper identification.
  ***If you have any questions regarding your insurance coverage, please contact your insurance carrier prior to the visit*

- **Family Members:** If possible, please have a family member or close friend join you for your appointment. We request this in order to obtain additional information regarding your symptoms.

- **Completed Patient History Questionnaire:** Please ensure you complete to the best of your ability and list ALL current medications and vitamins; including the dosage.

- **Early Arrival:** We request you arrive 20 minutes prior to your scheduled appointment time. Allow extra time for traffic and parking- we do validate parking tickets. If you are 15 minutes late for your appointment; you will be rescheduled.

What to Expect:

We will review symptoms and health history with you and your family, and perform an evaluation comprised of various neurological tests. Based on the findings; we may recommend additional testing. This may include blood work, brain imaging, neuropsychological testing and/ or additional consultants or therapies. Please note, because disturbances in cognitive functioning can be caused by multiple factors, a diagnosis may ***not*** be available during your initial visit.

Thank you!

Texas Alzheimer's & Memory Disorders Team

Texas Health Physicians Group®
Texas Alzheimer's & Memory Disorders

Diana R. Kerwin, MD

PATIENT HISTORY QUESTIONARE

Name: _____ **Birthdate:** _____ **Age:**_____

Describe the problem you are having:_____

When did it start? (year and month if possible) _____

Did it start (circle one) Suddenly Gradually over years Gradually over weeks/months

Over the past year are symptoms (circle one) Worsening Getting Better Staying the same

Allergies:_____

Have you experienced any of the following symptoms?

Symptom	No	Years Ago	Past Month
Difficulties finding words			
Lose/ Misplace Things			
Repeat conversations/questions			
Get lost in a familiar Area			
Easily Distracted			
Disorganized			
Problems paying attention			
Memory Loss/ Forgetfulness			
Anxiety			
Depression			
Problems with Judgement			
Fever/Chills			
Unexplained weight Loss			
Change in appetite			
Rash			
Low back pain			
Blood clots in legs or lungs			
Skin of hair changes			
Headaches			

Symptom	No	Years Ago	Past Month
Joint Pains			
Smell or Taste Problems			
Loss of Vision			
Double Vision			
Loss of Hearing			
Slurred Speech			
Difficulty Breathing			
Chest Pain			
Palpitations			
Constipation			
Urinary Urgency or Hesitancy			
Bowel or Bladder accidents			
Urinary Tract Infections			
Numbness in arms and legs			
Weakness in arms and legs			
Trouble Walking			
Frequent Falls			
Persistent Dizziness			
Sleepiness			
Trouble Sleeping			

Texas Health Physicians Group®
Texas Alzheimer's & Memory Disorders

Diana R. Kerwin, MD

Current Medications (please include over the counter medications)

MEDICATION NAME	Dose (mg/day)	For how long?	What is this medication for?

Pharmacy Name:_____ **Phone:**_____ **Fax:**_____

Primary Care Doctor: _____ **Phone:**_____ **Fax:**_____

Neurologist: _____ **Phone:**_____ **Fax:**_____

Cardiologist: _____ **Phone:**_____ **Fax:**_____

Oncologist: _____ **Phone:**_____ **Fax:**_____

Psychologist: _____ **Phone:**_____ **Fax:**_____

Social History:

Relationship status: Single (never married) Married Civil Union Domestic Partnership Widowed Divorced Separated

Who do you live with? Alone Spouse Child(ren) Other:_____

Where do you live? Apartment Condo House Other:_____ How long?_____

How do you spend your free time? _____

Who can you call on for social support (for help, when you need to talk, etc)**?**_____

Do you have a Power of Attorney for Healthcare?_____ **Yes, Name:**_____

Is this evaluation being requested by an attorney or for legal purposed? YES NO

Texas Health Physicians Group®
Texas Alzheimer's & Memory Disorders
Diana R. Kerwin, MD

Family History:

Does anyone in your family have a history of memory problems, dementia, or other neurological conditions?

☐ No ☐ YES Yes, Specify:_____

Any history of Alzheimer's disease in your family? ☐ No ☐ YES Confirmed by autopsy? _____

Other family history of medical/neurological / psychiatric problems? _____

Family Member	Living?	Age now or at death	Cause of death	List any medical/neurological / psychiatric problems (e.g. high blood pressure)
Mother	Y N			
Father	Y N			
Brothers/Sisters (list)				
	Y N			
	Y N			
	Y N			
Children, biological (list)				
	Y N			
	Y N			
	Y N			
	Y N			

Previous Medical, Neurologic, Psychiatric History:

Please check (√) each of the following that you *have now* or *have had* in the past

Medical	**Since**		**Since**		**Since**
☐ Kidney Disease	_____	☐ HIV	_____	☐ AIDS	_____
☐ Anemia	_____	☐ Chronic Pain	_____	☐ Exposure to Toxins	_____
☐ Asthma	_____	☐ Diabetes	_____	☐ Sexual Dysfunction	_____
☐ Arthritis	_____	☐ Cancer/Type	_____	☐ Stomach Problems	_____
☐ High Cholesterol	_____	☐ Lung Disease	_____	☐ Heart Disease	_____
☐ Vascular Disease	_____	☐ Thyroid Disorder	_____		
☐ High Blood Pressure	_____	☐ Other	_____		

Texas Health Physicians Group®

Texas Alzheimer's & Memory Disorders

Diana R. Kerwin, MD

Neurological	Since		Since		Since
☐ Alzheimer's	_____	☐ ALS	_____	☐ Encephalitis	_____
☐ Head Injury	_____	☐ Multiple Sclerosis	_____	☐ Huntingon's disease	_____
☐ Meningitis	_____	☐ Migraines	_____	☐ Movement Disorders	_____
☐ Parkinson's	_____	☐ Seizures	_____	☐ Sleep Disorders	_____
☐ Stroke	_____	☐ Syphilis	_____		

Psychiatric	Since		Since
☐ Alcohol Dependency	_____	☐ Depression	_____
☐ Anxiety Disorder	_____	☐ Drug Dependency	_____
☐ Eating Disorder	_____	☐ Manic-Depressive (Bipolar) Illness	_____
☐ Other	_____		

Substance Use:

Do you currently drink alcohol? ☐ NO ☐ YES If yes, how much? _____ Since when? _____

Have you ever used alcohol regularly in the past? ☐ NO ☐ YES If yes, how much? _____

Do you currently use tobacco? ☐ NO ☐ YES If yes, how much? _____ Since when? _____

Have you ever smoked or used tobacco regularly in the past? ☐ NO ☐ YES If yes, how much? _____

Do you currently or have you ever used other (recreational) drugs? ☐ NO ☐ YES If yes, type? _____