

Gobinder S. Chopra, MD & Associates
Board Certified in Neurology

Gobinder S. Chopra, M.D.

Dave Uppal, PA-C

Patient: _____ **DOB:** _____ **Date:** _____

1. How did you hear about us?

2. Is today's visit related to accident? **Yes** **No**
If so, what is the date of the accident?

3. Do you have any **NEW** medical problems or symptoms? **Yes** **No**

4. Did you have a scan or radiology testing ordered by other physicians since scheduling this visit? If yes, where and when? **Yes** **No**

5. Have you had any recent blood work ordered by any other physicians? If yes, where and when? **Yes** **No**

6. Have you been hospitalized since you scheduled this appointment? If yes, where and when? **Yes** **No**

7. Have you seen another Neurologist other than Dr. Chopra? If yes, who and when? **Yes** **No**

8. Reason for your visit today?

