Dr Supriya Thirunarayanan MD

Comprehensive Neurology Center, PA

Medical Questionnaire

Date:_____

Patient's Name:_____

Patients Date of Birth:_____

Reason For Visit:_____

Surgeries	Year	Complication

Hospitalizations	Year	Complication

1600 Coit Road, Suite 406, Plano, TX 75075 Phone# 469-977-1010 Fax#469-977-1155

www.compneurocenter.com scheduling@compneurocenter.com

Have you ever had problems with Anesthesia? YES NO

CT/MRI Studies	Location	Date	Doctor Ordering

Family History –

Check if any first degree relative has any Medical Problem.

Medical Conditions	Father	Mother	Siblings	Other
High Blood Pressure				
High Cholesterol				
Heart Disease				
Diabetes				
Stroke				
Cancer				
Migraines				
Thyroid Issues				
Alcoholism				
Mental Illness				
Others/Specify				

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