



NEUROLOGICAL QUESTIONNAIRE

First Name: _____ Last Name: _____

Preferred Name: _____ Prefix/Title: _____

Cell: _____ Home: _____

Address: _____
(Street) (City, Province) (Postal Code)

Date of Birth: _____ Gender: _____ Sex: M / F
(DD / MM / YYYY)

Alberta Health Number: _____ Guardian: _____

Emergency Contact Phone: _____ Emergency Contact Name: _____

Emergency Contact Relationship: _____

=====

Family Doctor: _____

Family Doctor Phone: _____ Family Doctor Email: _____

Name of referring professional: _____

Referring Prof. Phone: _____ Referring Prof. Email: _____

=====

Neurological Questionnaire:

**** Please Read ****

This is the Neurological Questionnaire. This questionnaire is typically added to your intake forms when the doctor feels that your condition may have a neurological origin. Please fill this out completely and honestly. All this information is designed to help identify what tests need to be performed.

Thank you for taking the time to fill out this form.

KEY - I have symptoms approximately:

0 = 0% of the time *do not check a number

1 = 25% of the time or less

2 = 50% of the time

3 = 75% of the time

4 = 100% of the time

Frontal Lobe (DL/OF) PFC

Difficulty with restraint and controlling impulses or desires.

☐ 1 ☐ 2 ☐ 3 ☐ 4

Emotional instability

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty planning or organizing

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty making decisions

☐ 1 ☐ 2 ☐ 3 ☐ 4

Lack of motivation, enthusiasm, interest and drive (apathetic)

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty getting a sound or melody out of your thought (perseveration)

☐ 1 ☐ 2 ☐ 3 ☐ 4

Constantly repeat events or thoughts with difficulty letting go

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty initiating and finishing tasks

☐ 1 ☐ 2 ☐ 3 ☐ 4

Decreased attention span

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty with analytical thought

☐ 1 ☐ 2 ☐ 3 ☐ 4

VIBE HEALTH & SPINE Inc.

Suite 310, 1918 Kensington Rd. NW, Calgary, Alberta T2N 3R5

Phone: 403-266-2283 Fax: 403-351-1690

Frontal Lobe (Precentral and Supplementary Motor Areas)

Initiating movements with your arm or leg has become more difficult

☐ 1 ☐ 2 ☐ 3 ☐ 4

Feeling of arm or leg heaviness, especially when tired

☐ 1 ☐ 2 ☐ 3 ☐ 4

Increased muscle tightness in your arm or leg

☐ 1 ☐ 2 ☐ 3 ☐ 4

Reduced muscle endurance in your arm or leg

☐ 1 ☐ 2 ☐ 3 ☐ 4

Noticeable difference in your muscle FUNCTION or strength from one side to the other

☐ 1 ☐ 2 ☐ 3 ☐ 4

Noticeable difference in your muscle TIGHTNESS from one side to the other

☐ 1 ☐ 2 ☐ 3 ☐ 4

Frontal Lobe (Brocca's Area)

Difficulty producing words verbally, especially when fatigued

☐ 1 ☐ 2 ☐ 3 ☐ 4

Find the actual act of speaking difficult at times

☐ 1 ☐ 2 ☐ 3 ☐ 4

Notice word pronunciation and speaking difficult at times

☐ 1 ☐ 2 ☐ 3 ☐ 4

Parietal Somatosensory Area & Parietal Superior Lobule

Difficulty in perception of the position of limbs

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty with spatial awareness when moving, laying back in a chair or leaning against a wall

☐ 1 ☐ 2 ☐ 3 ☐ 4

Frequently bumping body or limbs into the wall or objects accidentally

☐ 1 ☐ 2 ☐ 3 ☐ 4

Reoccurring injury in the same part or side of the body

☐ 1 ☐ 2 ☐ 3 ☐ 4

Hypersensitivity to touch or pain perception

☐ 1 ☐ 2 ☐ 3 ☐ 4

Parietal Inferior Lobule

Right/Left confusion

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty with math calculations

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty finding words

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty with writing

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty recognizing symbols or shapes

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty with simple drawings

☐ 1 ☐ 2 ☐ 3 ☐ 4
Temporal Lobe Auditory Cortex

Reduced function in overall hearing

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty interpreting speech with background or scatter noise

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty comprehending language without perfect pronunciation

☐ 1 ☐ 2 ☐ 3 ☐ 4

Need to look at someone's mouth when they are speaking to understand what they are saying

☐ 1 ☐ 2 ☐ 3 ☐ 4

Dislike of predictable rhythmic, repeated tempo and beat music

☐ 1 ☐ 2 ☐ 3 ☐ 4

Dislike of non-predictable rhythmic music with multiple instruments

☐ 1 ☐ 2 ☐ 3 ☐ 4

Noticeable ear preference when using your phone

☐ 1 ☐ 2 ☐ 3 ☐ 4
Temporal Lobe Auditory Association Cortex

Difficulty comprehending meaning of spoken words

☐ 1 ☐ 2 ☐ 3 ☐ 4

Tend toward monotone speech without fluctuations or emotions

☐ 1 ☐ 2 ☐ 3 ☐ 4

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Medial Temporal Lobe & Hippocampus

Memory is less efficient

☐ 1 ☐ 2 ☐ 3 ☐ 4

Memory loss that impacts daily activities

☐ 1 ☐ 2 ☐ 3 ☐ 4

Confusion about dates, the passage of time, or place

☐ 1 ☐ 2 ☐ 3 ☐ 4

Misplacement of things and difficulty retracing steps

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty with memory of locations (addresses)

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty with visual memory

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty remembering faces

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty with remembering words or numbers

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty remembering to stay or be on time

☐ 1 ☐ 2 ☐ 3 ☐ 4**Occipital Lobe**

Difficulty in telling different shades of colour apart

☐ 1 ☐ 2 ☐ 3 ☐ 4

Dullness of colours in visual field

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty coordinating visual inputs and hand movements, resulting in an inability to efficiently reach out for objects

☐ 1 ☐ 2 ☐ 3 ☐ 4

Floater(s) or halos in visual field

☐ 1 ☐ 2 ☐ 3 ☐ 4

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Cerebellum - Spinocerebellum

Difficulty with balance, or balance is worse on one side

☐ 1 ☐ 2 ☐ 3 ☐ 4

A need to hold the handrail or watch each step carefully when going down the stairs

☐ 1 ☐ 2 ☐ 3 ☐ 4

Feeling unsteady and prone to falling in the dark

☐ 1 ☐ 2 ☐ 3 ☐ 4

Prone to sway to one side when talking or standing

☐ 1 ☐ 2 ☐ 3 ☐ 4

Cerebellum - Cerebrocerebellum

Recent clumsiness in hands

☐ 1 ☐ 2 ☐ 3 ☐ 4

Recent clumsiness in feet or frequent tripping

☐ 1 ☐ 2 ☐ 3 ☐ 4

A slight hand shake when reaching for something at the end of the movement

☐ 1 ☐ 2 ☐ 3 ☐ 4

Cerebellum - Vestibulocerebellum

Episodes of dizziness or disorientation

☐ 1 ☐ 2 ☐ 3 ☐ 4

Back muscles that tire quickly when standing or walking

☐ 1 ☐ 2 ☐ 3 ☐ 4

Chronic neck or back muscle tightness

☐ 1 ☐ 2 ☐ 3 ☐ 4

Nausea, car sickness, or sea sickness

☐ 1 ☐ 2 ☐ 3 ☐ 4

Feeling of disorientation or shifting of the environment

☐ 1 ☐ 2 ☐ 3 ☐ 4

Crowded places cause anxiety

☐ 1 ☐ 2 ☐ 3 ☐ 4

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Basal Ganglia Direct Pathway

Slowness in movements

☐ 1 ☐ 2 ☐ 3 ☐ 4

Stiffness in your muscles (NOT joints) that goes away when you move

☐ 1 ☐ 2 ☐ 3 ☐ 4

Cramping of hands when writing

☐ 1 ☐ 2 ☐ 3 ☐ 4

A stooped posture when walking

☐ 1 ☐ 2 ☐ 3 ☐ 4

Voice has become softer

☐ 1 ☐ 2 ☐ 3 ☐ 4

Facial expression changes leading to people frequently ask if you are upset or angry

☐ 1 ☐ 2 ☐ 3 ☐ 4**Basal Ganglia Indirect Pathway**

Uncontrollable muscle movements

☐ 1 ☐ 2 ☐ 3 ☐ 4

Intense need to clear your throat regularly or contract a group of muscles

☐ 1 ☐ 2 ☐ 3 ☐ 4

Obsessive compulsive tendencies

☐ 1 ☐ 2 ☐ 3 ☐ 4

Constant nervousness and restless mind

☐ 1 ☐ 2 ☐ 3 ☐ 4**Autonomic Reduced Parasympathetic Activity**

Dry mouth or eyes

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty swallowing supplements or large bites of food

☐ 1 ☐ 2 ☐ 3 ☐ 4

Slow bowel movements and tendency for constipation

☐ 1 ☐ 2 ☐ 3 ☐ 4

Chronic digestive complaints

☐ 1 ☐ 2 ☐ 3 ☐ 4

Bowel or bladder incontinence resulting in staining your underwear

☐ 1 ☐ 2 ☐ 3 ☐ 4

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Autonomic Increased Sympathetic Activity

Tendency for anxiety

☐ 1 ☐ 2 ☐ 3 ☐ 4

Easily startled

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty relaxing

☐ 1 ☐ 2 ☐ 3 ☐ 4

Sensitive to bright or flashing lights

☐ 1 ☐ 2 ☐ 3 ☐ 4

Episodes or racing heart

☐ 1 ☐ 2 ☐ 3 ☐ 4

Difficulty sleeping

☐ 1 ☐ 2 ☐ 3 ☐ 4**Communication:****Appointment Notifications and Reminders:**

You can opt to receive emails to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments.

Email☐ Email 2 days prior to appointment**Text Message (SMS)**☐ Text Message (SMS) 2 hours prior to appointment**News and Special Promotions**

☐ Yes, I would like to receive clinic updates and health and wellness information from the Vibe team of practitioners. This is usually sent on a monthly basis.

Signature: _____ Date: _____