

**Martin L. Lazar, M.D., F.A.C.S.**  
Microvascular and Minimally Invasive Neurosurgery  
Skull Base and Pituitary Neurological Surgery

Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code (Zip) \_\_\_\_\_ Country \_\_\_\_\_

Allergies \_\_\_\_\_ Personal Physician \_\_\_\_\_

Medications (Current)  
Name/Dose/Frequency \_\_\_\_\_ Smoke Yes No Amount \_\_\_\_\_

Alcohol Yes No Amount \_\_\_\_\_

Previous Hospital Admissions:  
Date/Place/Illness \_\_\_\_\_

Family Illness and Cause of Death  
Grandparents Maternal \_\_\_\_\_

Paternal \_\_\_\_\_

Parents - Mother \_\_\_\_\_

Father \_\_\_\_\_

Siblings - Sisters \_\_\_\_\_

Brothers \_\_\_\_\_

Psychiatric Illness \_\_\_\_\_

Childhood Diseases \_\_\_\_\_

Co-existing Present Medical or Surgical Problems \_\_\_\_\_

\_\_\_\_\_ Right-handed  
Left-handed

Neurological Complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_