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## Neurological Assessment Form (NAF)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Complaints: \_\_\_\_\_  
\_\_\_\_\_

1. Do you find noises and/or light bother you?
2. Do you have any nausea or upset stomach?
3. Do you have any trouble with balance, falling or tripping?
4. Have you had any issues with long term or short term memory?
5. Do you have trouble with paying attention to people while they speak?
6. Have you noticed any emotional changes?
7. Have you noticed any loss of hearing or hearing changes?
  - a. Do you have any ringing in your ears?
8. Have you noticed any shaking or tremoring?
  - a. If so where on the body?
9. Do you have any trouble with energy or sleeping?
10. Do you have any visual disturbances?
11. Do you suffer from any head pain?
  - a. If so, where is the pain and what type?
12. Do you notice any sensory changes such as numbness in your hands or feet?
13. Do you find yourself getting dizzy?
  - a. Is so do you feel like you are spinning or the world around you?
  - b. To which sided: Left or Right
14. Is there anything else that you would like to add?

Please circle the appropriate number on all questions below. 0 as the least/never to 3 as the most/always.

## SECTION A

- Is your memory noticeably declining? 0 1 2 3
- Are you having a hard time remembering names and phone numbers? 0 1 2 3
- Is your ability to focus noticeably declining? 0 1 2 3
- Has it become harder for you to learn new things? 0 1 2 3
- How often do you have a hard time remembering your appointments? 0 1 2 3
- Is your temperament generally getting worse? 0 1 2 3
- Is your attention span decreasing? 0 1 2 3
- How often do you find yourself down or sad? 0 1 2 3
- How often do you become fatigued when driving compared to in the past? 0 1 2 3
- How often do you become fatigued when reading compared to in the past? 0 1 2 3
- How often do you walk into rooms and forget why? 0 1 2 3
- How often do you pick up your cell phone and forget why? 0 1 2 3

## SECTION B

- How high is your stress level? 0 1 2 3
- How often do you feel you have something that must be done? 0 1 2 3
- Do you feel you never have time for yourself? 0 1 2 3
- How often do you feel you are not getting enough sleep or rest? 0 1 2 3
- Do you find it difficult to get regular exercise? 0 1 2 3
- Do you feel uncared for by the people in your life? 0 1 2 3
- Do you feel you are not accomplishing your life's purpose? 0 1 2 3
- Is sharing your problems with someone difficult for you? 0 1 2 3

## SECTION C

### SECTION C1

- How often do you get irritable, shaky, or have light-headedness between meals? 0 1 2 3
- How often do you feel energized after eating? 0 1 2 3
- How often do you have difficulty eating large meals in the morning? 0 1 2 3
- How often does your energy level drop in the afternoon? 0 1 2 3
- How often do you crave sugar and sweets in the afternoon? 0 1 2 3
- How often do you wake up in the middle of the night? 0 1 2 3
- How often do you have difficulty concentrating before eating? 0 1 2 3
- How often do you depend on coffee to keep yourself going? 0 1 2 3
- How often do you feel agitated, easily upset, and nervous between meals? 0 1 2 3

### SECTION C2

- How often do you get fatigued after meals? 0 1 2 3
- How often do you crave sugar and sweets after meals? 0 1 2 3
- How often do you feel you need stimulants, such as coffee, after meals? 0 1 2 3
- How often do you have difficulty losing weight? 0 1 2 3
- How much larger is your waist girth compared to your hip girth? 0 1 2 3
- How often do you urinate? 0 1 2 3
- Have your thirst and appetite increased? 0 1 2 3
- How often do you gain weight when under stress? 0 1 2 3
- How often do you have difficulty falling asleep? 0 1 2 3

## SECTION 1

- Are you losing interest in hobbies? 0 1 2 3
- How often do you feel overwhelmed? 0 1 2 3
- How often do you have feelings of inner rage? 0 1 2 3
- How often do you have feelings of paranoia? 0 1 2 3
- How often do you feel sad or down for no reason? 0 1 2 3
- How often do you feel like you are not enjoying life? 0 1 2 3

- How often do you feel you lack artistic appreciation? 0 1 2 3
- How often do you feel depressed in overcast weather? 0 1 2 3
- How much are you losing your enthusiasm for your favorite activities? 0 1 2 3
- How much are you losing your enjoyment for your favorite foods? 0 1 2 3
- How much are you losing your enjoyment of friendships and relationships? 0 1 2 3
- How often do you have difficulty falling into deep, restful sleep? 0 1 2 3
- How often do you have feelings of dependency on others? 0 1 2 3
- How often do you feel more susceptible to pain? 0 1 2 3
- How often do you have feelings of unprovoked anger? 0 1 2 3
- How much are you losing interest in life? 0 1 2 3

## SECTION 2

- How often do you have feelings of hopelessness? 0 1 2 3
- How often do you have self-destructive thoughts? 0 1 2 3
- How often do you have an inability to handle stress? 0 1 2 3
- How often do you have anger and aggression while under stress? 0 1 2 3
- How often do you feel you are not rested, even after long hours of sleep? 0 1 2 3
- How often do you prefer to isolate yourself from others? 0 1 2 3
- How often do you have unexplained lack of concern for family and friends? 0 1 2 3
- How easily are you distracted from your tasks? 0 1 2 3
- How often do you have an inability to finish tasks? 0 1 2 3
- How often do you feel the need to consume caffeine to stay alert? 0 1 2 3
- How often do you feel your libido has been decreased? 0 1 2 3
- How often do you lose your temper for minor reasons? 0 1 2 3
- How often do you have feelings of worthlessness? 0 1 2 3

## SECTION 3

- How often do you feel anxious or panicked for no reason? 0 1 2 3
- How often do you have feelings of dread or impending doom? 0 1 2 3
- How often do you feel knots in your stomach? 0 1 2 3
- How often do you have feelings of being overwhelmed for no reason? 0 1 2 3
- How often do you have feelings of guilt about everyday decisions? 0 1 2 3
- How often does your mind feel restless? 0 1 2 3
- How difficult is it to turn your mind off when you want to relax? 0 1 2 3
- How often do you have disorganized attention? 0 1 2 3
- How often do you worry about things you were not worried about before? 0 1 2 3
- How often do you have feelings of inner tension and inner excitability? 0 1 2 3

## SECTION 4

- Do you feel your visual memory (shapes & images) has decreased? 0 1 2 3
- Do you feel your verbal memory has decreased? 0 1 2 3
- Do you have memory lapses? 0 1 2 3
- Has your creativity decreased? 0 1 2 3
- Has your comprehension diminished? 0 1 2 3
- Do you have difficulty calculating numbers? 0 1 2 3
- Do you have difficulty recognizing objects & faces? 0 1 2 3
- Do you feel like your opinion about yourself has changed? 0 1 2 3
- Are you experiencing excessive urination? 0 1 2 3
- Are you experiencing a slower mental response? 0 1 2 3

# Medication History\*

Please check any of the following medications you have taken in the past or are currently taking.

## Noradrenergic and Specific Serotonergic Antidepressants (NaSSAAs)

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Remeron® | <input type="checkbox"/> Norset®   |
| <input type="checkbox"/> Zispin®  | <input type="checkbox"/> Remergil® |
| <input type="checkbox"/> Avanza®  | <input type="checkbox"/> Axit®     |

## Tricyclic Antidepressants (TCAs)

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Elavil®     | <input type="checkbox"/> Prothiaden® |
| <input type="checkbox"/> Endep®      | <input type="checkbox"/> Adapin®     |
| <input type="checkbox"/> Tryptanol   | <input type="checkbox"/> Sinequan®   |
| <input type="checkbox"/> Trepiline®  | <input type="checkbox"/> Tofranil®   |
| <input type="checkbox"/> Asendin®    | <input type="checkbox"/> Janamine®   |
| <input type="checkbox"/> Asendis®    | <input type="checkbox"/> Gamanil®    |
| <input type="checkbox"/> Defanyl®    | <input type="checkbox"/> Aventyl®    |
| <input type="checkbox"/> Demolox®    | <input type="checkbox"/> Pamelor®    |
| <input type="checkbox"/> Moxadil®    | <input type="checkbox"/> Opipramol®  |
| <input type="checkbox"/> Anafranil®  | <input type="checkbox"/> Vivactil®   |
| <input type="checkbox"/> Norpramin®  | <input type="checkbox"/> Rhotrimine® |
| <input type="checkbox"/> Pertofranc® | <input type="checkbox"/> Surmontil®  |

## Selective Serotonin Reuptake Inhibitors (SSRIs)

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Paxil®     | <input type="checkbox"/> Seromex® |
| <input type="checkbox"/> Zoloft®    | <input type="checkbox"/> Seronil® |
| <input type="checkbox"/> Prozac®    | <input type="checkbox"/> Sarafem® |
| <input type="checkbox"/> Celexa®    | <input type="checkbox"/> Fluctin® |
| <input type="checkbox"/> Lexapro®   | <input type="checkbox"/> Faverin® |
| <input type="checkbox"/> Luvox®     | <input type="checkbox"/> Seroxat  |
| <input type="checkbox"/> Cipramil®  | <input type="checkbox"/> Aropax®  |
| <input type="checkbox"/> Emocal®    | <input type="checkbox"/> Deroxat® |
| <input type="checkbox"/> Seropram®  | <input type="checkbox"/> Rexetin® |
| <input type="checkbox"/> Cipralex®  | <input type="checkbox"/> Paroxat® |
| <input type="checkbox"/> Fontex®    | <input type="checkbox"/> Lustral® |
| <input type="checkbox"/> Dapoxetine | <input type="checkbox"/> Serlain® |

## Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

- ☐ Effexor®
- ☐ Pristiq®
- ☐ Meridia®
- ☐ Serzone®
- ☐ Dalcipran®
- ☐ Desipramine
- ☐ Duloxetine

## Selective Serotonin Reuptake Enhancers (SSREs)

- ☐ Stablon®
- ☐ Coaxil®
- ☐ Tatinol®

## Monoamine Oxidase Inhibitors (MAOIs)

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Marplan®   | <input type="checkbox"/> Azilect®  |
| <input type="checkbox"/> Aurorix®   | <input type="checkbox"/> Marsilid® |
| <input type="checkbox"/> Manerix®   | <input type="checkbox"/> Iprozid®  |
| <input type="checkbox"/> Moclodura® | <input type="checkbox"/> Ipronid®  |
| <input type="checkbox"/> Nardil®    | <input type="checkbox"/> Rivivol®  |
| <input type="checkbox"/> Adeline®   | <input type="checkbox"/> Zyvox®    |
| <input type="checkbox"/> Eldepryl®  | <input type="checkbox"/> Zyvoxid®  |

## Dopamine Receptor Agonists

- ☐ Mirapex®
- ☐ Sifrol®
- ☐ Requip®

## Norepinephrine and Dopamine Reuptake Inhibitors (NDRI)

- ☐ Wellbutrin XL®

## D2 Dopamine Receptor Blockers (antipsychotics)

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Thorazine® | <input type="checkbox"/> Acuphase®    |
| <input type="checkbox"/> Prolixin®  | <input type="checkbox"/> Haldol®      |
| <input type="checkbox"/> Trilafon®  | <input type="checkbox"/> Orap®        |
| <input type="checkbox"/> Compazine® | <input type="checkbox"/> Clozaril®    |
| <input type="checkbox"/> Mellaril®  | <input type="checkbox"/> Zyprexa®     |
| <input type="checkbox"/> Stelazine® | <input type="checkbox"/> Zydys®       |
| <input type="checkbox"/> Vesprin®   | <input type="checkbox"/> Seroquel XR® |
| <input type="checkbox"/> Nozinan®   | <input type="checkbox"/> Geodon®      |
| <input type="checkbox"/> Depixol®   | <input type="checkbox"/> Solian®      |
| <input type="checkbox"/> Navane®    | <input type="checkbox"/> Invega®      |
| <input type="checkbox"/> Fluvoxol®  | <input type="checkbox"/> Abilify®     |
| <input type="checkbox"/> Clopixol®  |                                       |

## GABA Antagonist Competitive Binder

- ☐ Flumazenil

## Agonist Modulators of GABA Receptors (benzodiazepines)

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Xanax®     | <input type="checkbox"/> Dalmane®  |
| <input type="checkbox"/> Lexotanil® | <input type="checkbox"/> Ativan®   |
| <input type="checkbox"/> Lexotan®   | <input type="checkbox"/> Loramet®  |
| <input type="checkbox"/> Librium®   | <input type="checkbox"/> Sedoxil®  |
| <input type="checkbox"/> Klonopin®  | <input type="checkbox"/> Dormicum® |
| <input type="checkbox"/> Valium®    | <input type="checkbox"/> Serax®    |
| <input type="checkbox"/> ProSom®    | <input type="checkbox"/> Restoril® |
| <input type="checkbox"/> Rohypnol®  | <input type="checkbox"/> Halcion®  |

## Agonist Modulators of GABA Receptors (nonbenzodiazepines)

- ☐ Ambien CR®
- ☐ Sonata®
- ☐ Lunesta®
- ☐ Imovane®

## Acetylcholine Receptor Antagonists Antimuscarinic Agents

- ☐ Atropine
- ☐ Ipratropium
- ☐ Scopolamine
- ☐ Tiotropium

## Acetylcholine Receptor Antagonists Ganglionic Blockers

- ☐ Mecamylamine
- ☐ Hexamethonium
- ☐ Nicotine (high doses)
- ☐ Trimethaphan

## Acetylcholine Receptor Antagonists Neuromuscular Blockers

- |  |  |
|--|--|
| <input type="checkbox"/> Atracurium    | <input type="checkbox"/> Rocuronium      |
| <input type="checkbox"/> Cisatracurium | <input type="checkbox"/> Succinylcholine |
| <input type="checkbox"/> Doxacurium    | <input type="checkbox"/> Tubocurarine    |
| <input type="checkbox"/> Metocurine    | <input type="checkbox"/> Vecuronium      |
| <input type="checkbox"/> Mivacurium    | <input type="checkbox"/> Hemicholinium   |
| <input type="checkbox"/> Pancuronium   |  |

## Acetylcholinesterase Reactivators

- ☐ Pralidoxime

## Cholinesterase Inhibitors (reversible)

- |   |   |
|---|---|
| <input type="checkbox"/> Donepezil              | <input type="checkbox"/> Edrophonium    |
| <input type="checkbox"/> Galantamine            | <input type="checkbox"/> Neostigmine    |
| <input type="checkbox"/> Rivastigmine           | <input type="checkbox"/> Physostigmine  |
| <input type="checkbox"/> Tacrine                | <input type="checkbox"/> Pyridostigmine |
| <input type="checkbox"/> THC                    |   |
| <input type="checkbox"/> Carbamate Insecticides |   |

## Cholinesterase Inhibitors (irreversible)

- ☐ Echothiophate
- ☐ Isoflurophate
- ☐ Organophosphate Insecticides
- ☐ Organophosphate-containing nerve agents

\*Please refer to prescribing physician for nutritional interactions with any medications you are taking.