

# Northlake) NEUROLOGY

*Remarkable People. Remarkable Medicine.*

KI S. JUNG, MD  
Joseph N. Chipman, MD

157 Professional Park Dr., Suite B  
 Mooresville, NC 28117

10030 Gilead Rd., Suite 345  
 Huntersville, NC 28078

Tel: (704) 660-7078  
Fax: (704) 660-0091

## THIS FORM IS VERY IMPORTANT PLEASE READ

***In order to expedite your visit with our physicians we need you to answer the next five (5) questions. Be sure to circle your answer.***

Have you had a CT Scan in the last 2 years?                      Yes                      No  
If yes, please enter the name and address of facility.

---

Have you had an MRI in the last 2 years?                      Yes                      No  
If yes, please enter the name and address of the facility.

---

Have you had an EEG in the last 2 years?                      Yes                      No  
*Electroencephalogram (EEG) is a test where the physician or technician places sensors on the patient's head to read the brain waves.*  
If yes, please enter the name and address of the facility.

---

Have you had a prior consultation with a Neurologist?                      Yes                      No  
If yes, when and with whom?

---

Have you had any laboratory tests in the last 6 months?                      Yes                      No  
If yes, please enter the name and address of the facility.

---

**If you have answered YES to any of these questions please complete and sign a RELEASE FOR MEDICAL INFORMATION FORM which is attached, prior to your visit.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_