



Remarkable People. Remarkable Medicine.

KI S. JUNG, MD

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, before your visit.

Patient Signature _____ Date _____