

Peripheral Neuropathy History



Name _____ DOB _____ Date _____

Which of these describe the character of your symptoms? Circle the severity: 0 (none)-10 (extreme).

- 0 1 2 3 4 5 6 7 8 9 10 Sensation of wearing an invisible “glove” or “sock”
- 0 1 2 3 4 5 6 7 8 9 10 Burning sensation or freezing pain
- 0 1 2 3 4 5 6 7 8 9 10 Sharp, jabbing, shooting, or electric-like pain
- 0 1 2 3 4 5 6 7 8 9 10 Extreme sensitivity to touch
- 0 1 2 3 4 5 6 7 8 9 10 Difficulty sleeping because of feet and leg pain
- 0 1 2 3 4 5 6 7 8 9 10 Loss of balance and coordination
- 0 1 2 3 4 5 6 7 8 9 10 Muscle weakness
- 0 1 2 3 4 5 6 7 8 9 10 Muscle cramping/twitching
- 0 1 2 3 4 5 6 7 8 9 10 Difficulty walking or moving the hands or arms

How long have you been having troublesome symptoms? _____

What treatment or diagnoses have you had for these? _____

Circle “Yes” for any of these problems in your health. THEN, put an “X” by those you are very motivated to improve, treat, or change your habits to address.

- ____ Yes / No **Physical Trauma** that may have injured nerves (ex. Back, Leg, Spine)
- You will list these elsewhere.
- ____ Yes / No **Blood Flow problems:** (Circle: High BP, Varicose veins, artery disease, other)
- ____ Yes / No **Diabetes:** (Circle: high blood sugar or need for Insulin, Metformin, other)
- **List: Fasting blood glucose level** ____ **HA1C** ____ **Vit C level** ____ **Vit D** ____
- ____ Yes / No **Smoker:** If yes, how many _____ / per day
- ____ Yes / No **Alcohol:** If yes, Type and How many per day _____
- ____ Yes / No **Excess Body Fat:** If yes, approximately how much _____ lbs
- ____ Yes / No **Low Thyroid function:** If yes, are you on medication? >Yes / No<
- ____ Yes / No **Heavy Metal or Occupational toxin exposure:** If yes, what? _____

Have you taken any of these medications within 1 year before your neuropathy started?

(If yes, circle the specific drug, if you remember which one. Each has neuropathy as a side-effect)

>Yes / No< **Heart or blood pressure drugs:** Amiodarone, Hydralazine, Perhexiline

>Yes / No< **Drugs used to treat high cholesterol**

- Any drug whose generic name ends with “-statin”, like Lovastatin, Simvastatin, etc.
- The brand names (at least 27) include popular ones like Lipitor® and Vytorin®

>Yes / No< **Drugs used to fight cancer (chemotherapy drugs):**

- Cisplatin, Docetaxel, Paclitaxel, Suramin, Vincristine

>Yes / No< **Drugs used to fight infections:**

- Chloroquine, Dapsone, Isoniazid (INH), used against tuberculosis, Metronidazole (Flagyl), Nitrofurantoin, Thalidomide (used to fight leprosy)

>Yes / No< **Drugs used to treat autoimmune disease:**

- Etanercept (Enbrel), Infliximab (Remicade), Leflunomide (Arava)

>Yes / No< **Drugs used to treat seizures:** Carbamazepine, Phenytoin, Phenobarbital

>Yes / No< **Anti-alcohol drugs:** Disulfiram

>Yes / No< **Drugs to fight HIV/AIDS:** (Videx), (Emtriva), (Zerit), (Truvada)

>Yes / No< **Other drugs and substances that may cause neuropathy include:**

- Colchicine (used to treat gout), Arsenic, Gold