

Neurosurgery Clinic

Neurosurgery | Stanford Neurosciences Health Center
213 Quarry Rd | Palo Alto, CA 94304 | 650-723-6469

Below you will find helpful information about our clinic. Please take a few moments to review the contents.

Our Neurosurgery Clinics offer expertise in general neurosurgery, minimally invasive spine surgery, brain tumor surgery, stereotactic radiosurgery, complex spine disorders, and vascular diseases.

Appointments/Cancellation

Stanford Neuroscience Clinic is part of a teaching institution. You may see more than one physician, nurse, or trainee.

While you are waiting in the examination room the team will be reviewing records and x-rays that have been provided as well as discussing diagnosis and treatment recommendations for your condition.

Please fill out the enclosed Health History form. Having this information completed prior to arrival will avoid delay and assist your physician in understanding your health needs. It is important to communicate the prescriptions and medications you are taking.

*If you have MRI, CT, X-ray or relevant medical records related to the reason for your visit that was done **outside** of Stanford Healthcare, upload your images or CD's electronically by using the secured link emailed to you . **You must hand carry the actual films or CD and records to your appointment.***

We ask that you please check-in at our reception area located on the 1st floor 30 minutes prior to your appointment time to complete the registration process. We make every effort to see you at your scheduled time and ask that you please arrive on time for your visit. If you arrive more than 10 minutes late, we may find it necessary to reschedule your appointment to another date and time. If you need to reschedule your appointment, please call the clinic **48 hours** in advance at **650-723-6469** so that we may do our best to accommodate other patients. You will also be contacted via an automated system to confirm your appointment, please listen to the entire message as its contents has valuable information including the ability to respond yes or no to confirm or cancel your appointment.

Allow plenty of time to find your way to the area, park, and check-in and complete any additional paperwork. A map is included for your convenience. Paid parking is available.

Neurosurgery Clinic

Neurosurgery | Stanford Neurosciences Health Center
213 Quarry Rd | Palo Alto, CA 94304 | 650-723-6469



Driving Directions:

From Bayshore US Highway 101 North or South

- *Take the Embarcadero Road/West exit.*
- *Follow Embarcadero Road for about two miles.*
- *Turn right on El Camino Real and left on Quarry Road.*
- *Turn left on Palo Road and right into the parking lot of Hoover Pavilion.*
- *The Hoover Pavilion is located at 213 Quarry Road.*

From Highway 280 North or South

- *Take the Sand Hill Road exit and head east.*
- *Turn right on Arboretum Road and left on Quarry Road.*
- *Turn right on Palo Road and right into the parking lot of Hoover Pavilion.*
- *The Hoover Pavilion is located at 213 Quarry Road.*

El Camino Real North or South

- *Turn on Quarry Road.*
- *Turn onto Palo Road and then into the parking lot of Hoover Pavilion.*
- *The Hoover Pavilion is located at 213 Quarry Road.*

Medical Record Number:

Name:

Date of Birth:

Encounter Date:

Provider:

**STANFORD HOSPITAL and CLINICS
STANFORD, CALIFORNIA 94305
Neuroscience**

Patient Questionnaire

Full Name: _____ Appointment Date: _____

Date of Birth: _____ Age: _____ Sex: _____

Pharmacy name and address: _____

Pharmacy Phone: _____ Pharmacy Fax: _____

Did another physician refer you? Yes No

If yes, please complete the following so that the Neuroscience Clinics physician can send a report to your referring physician.

Referring MD Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone (_____) _____ Fax (_____) _____

If you have a primary care physician other than your referring physician, please complete the following that the Neuroscience Clinics physicians can send a report to your primary care physician.

Primary Care MD Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone (_____) _____ Fax (_____) _____

Would you like the information from today's clinic appointment sent to any physician other than those listed above? Yes No

MD Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone (_____) _____ Fax (_____) _____

Reason for today's visit: _____

Is this the result of a specific injury or accident?

Yes No

Date of accident _____

Type of accident _____

Allergies	Reaction	Comments

Are you allergic to IV contrast or shell fish? Yes No

Medications

Name	Dose	How often taken?

Medical History (circle 'yes' or 'no')

Atrial Fibrillation	Yes No	Hepatitis C	Yes No	Parkinson's disease	Yes No
Aortic Stenosis	Yes No	Stomach ulcers	Yes No	Stroke	Yes No
Heart Disease	Yes No	Anemia	Yes No	Nerve/muscle disease	Yes No
Heart Failure	Yes No	Deep vein thrombosis	Yes No	Neurologic Disease	Yes No
High Cholesterol	Yes No	Leukemia	Yes No	Alcohol Problem	Yes No
High Blood Pressure	Yes No	Pulmonary embolism	Yes No	Depression	Yes No
Myocardial infarction	Yes No	Infection w/ MRSA (methacillin resistant staph)	Yes No	Asthma	Yes No
Blood clotting disorder	Yes No	Infection with VRE	Yes No	Emphysema (COPD)	Yes No
Heart Murmur	Yes No	Dementia	Yes No	Obstructive sleep apnea	Yes No
Artificial heart valve	Yes No	Seizure Disorder	Yes No	Tuberculosis	Yes No
Blood vessel blockage (arm or leg)	Yes No	Brain tumor	Yes No	Endstage renal disease (Kidney failure)	Yes No
Diabetes	Yes No	Head injury	Yes No	Urinary insufficiency	Yes No
Thyroid Disease	Yes No	Migraine h/a	Yes No	Obesity	Yes No
Cancer	Yes No			Drug abuse	Yes No
Immune disorder	Yes No			Sexually transmitted dis.	Yes No

Other Medical History

Surgical History (circle 'yes' or 'no')

Appendectomy	Yes	No	Coronary Bypass Graft	Yes	No
Cardiac Catheterization	Yes	No	Hysterectomy	Yes	No
Hernia repair	Yes	No	Tonsil & Adenoidectomy	Yes	No
Carotid artery surgery	Yes	No	Heart surgery / Angioplasty	Yes	No

Other Surgical History

Tobacco Use

Yes No Quit _____ (quit date)

Packs/day _____

For how many years? _____

Alcohol Use

Yes No

of Drinks/Week Can(s) of beer each week

Shot(s) of liquor each week

Drink(s) containing 0.5 oz of alcohol each week

Exercise

Yes No

If yes, how much? Rarely Occasionally > 3 times / week

Family Health History

	Living? (L) Deceased? (D) Unknown? (U)	Medical Conditions
Mother		
Father		
Mother's Mom		
Mother's Dad		
Father's Mom		
Father's Dad		
Sister		
Brother		
other		

Review of Systems

Do you presently have any problems or symptoms in the following areas? Check No or Yes

System	No ✓	Yes ✓	Comments	Physician comments
ALLERGIC/ IMMUNOLOGIC Low resistance to infection Environmental allergies	____ ____	____ ____		
CARDIOVASCULAR Chest pain or angina Irregular heart rhythm	____ ____	____ ____		
CONSTITUTIONAL Recent weight changes Good general health lately Recurrent fevers, chills, sweats Extreme fatigue Frequent nausea, vomiting Difficulty sleeping	____ ____ ____ ____ ____ ____	____ ____ ____ ____ ____ ____		
EAR, NOSE, and THROAT Change in hearing Ringing in the ears Recent nose bleeds Chronic sinus problems Voice changes	____ ____ ____ ____ ____	____ ____ ____ ____ ____		
EYES Changes in vision Glaucoma	____ ____	____ ____		
ENDOCRINE Heat or cold intolerance Excess thirst or urination	____ ____	____ ____		
GASTROINTESTINAL Change in appetite Severe heart burn Vomiting blood Frequent diarrhea Constipation Black or bloody stools Abdominal pain	____ ____ ____ ____ ____ ____ ____	____ ____ ____ ____ ____ ____ ____		
GENITOURINARY Blood in urine Burning with urination Difficult/frequent urination Lack of bladder control Sexually transmitted disease Change in sexual function	____ ____ ____ ____ ____ ____	____ ____ ____ ____ ____ ____		

HEMATOLOGIC/ LYMPHATIC Easy bruising Frequent bleeding Enlarged lymph nodes	____ ____ ____	____ ____ ____		
INTEGUMENTARY Unusual or prolonged rashes Breast pain or lump Change in hair or nails	____ ____ ____	____ ____ ____		
MUSCULOSKELETAL Joint swelling Difficulty walking	____ ____	____ ____		
NEUROLOGIC Headaches Numbness/tingling sensation Weakness or paralysis Convulsions or seizures Change in memory/concentration Loss or blurring of vision or double vision Black-out/dizziness Memory loss or confusion Other neurological problems	____ ____ ____ ____ ____ ____ ____ ____ ____ ____	____ ____ ____ ____ ____ ____ ____ ____ ____ ____		
PAIN Joint stiffness or pain Muscle pain Neck pain Back pain Other pain	____ ____ ____ ____ ____	____ ____ ____ ____ ____		
PSYCHIATRIC Nervousness Depression Other	____ ____ ____	____ ____ ____		
RESPIRATORY Breathing problems/shortness of breath Coughing up blood Chronic cough	____ ____ ____	____ ____ ____		



*If you have MRI, CT, X-ray or relevant medical records related to the reason for your visit that was done **outside** of Stanford Healthcare, upload your images or CD's electronically by using the secured link emailed to you .*

You must hand carry the actual films or CD and records to your appointment.



Patient and Visitor Tram Service and Parking Information

Visitor Parking

Pasteur Garage A (Self-Parking)

Note: This is an underground garage

- Serves: Stanford Hospital, Boswell Clinic
- Garage Hours: Open 24 hours a day
- Location: Underground at 200 Pasteur Drive
- Rates:
 - First Hour-Free
 - 1-2-\$2
 - 2-3-\$3
 - 3-4-\$4
 - 4-5-\$6
 - 5-6-\$7
 - 6-7-\$8
 - 7-8-\$10
 - Daily Maximum-\$12

300 Pasteur Drive Main Hospital (Valet Parking)

- Serves: Stanford Hospital, Boswell Clinic
- Valet Hours: 5:30am to 5:30pm*, Monday- Friday
- Location: 300 Pasteur Drive
- Valet Rates:
 - First Hour-Free
 - 1-8 Hours-\$10
 - 8+ Hours-\$15

875/900 Blake Wilbur Drive (Valet Parking)

- Serves: Blake Wilbur Drive, Stanford Cancer & ASC
- Valet Hours: 5:30am to 7:30pm*, Monday- Friday
- Location: 875 Blake Wilbur Drive
- Valet Rates:
 - First Hour-Free
 - 1-8 Hours-\$12
 - 8+ Hours-\$15

Emergency Department (Valet Parking)

- Serves: Emergency Department, Main Hospital
- Valet Hours: 24 hours, Daily
- Location: 900 Quarry Road, Extension

*For after-hours pick up, visit the valet booth or call the Security Office at (650) 723-7222

* Cash and all major credit cards accepted for Self-parking and Valet Parking.

Tram Service

Tram Service is a free door-to-door shuttle service available to Stanford Healthcare Patients and visitors between the Pasteur Visitor Garage, the Main Hospital and Blake Wilbur Drive.

Trams arrive approximately every 5 to 7 minutes. Visit the Tram stop where a Guest Services representative can assist you or call the Tram Line at (650)898-7742 for additional services.

Tram Hours

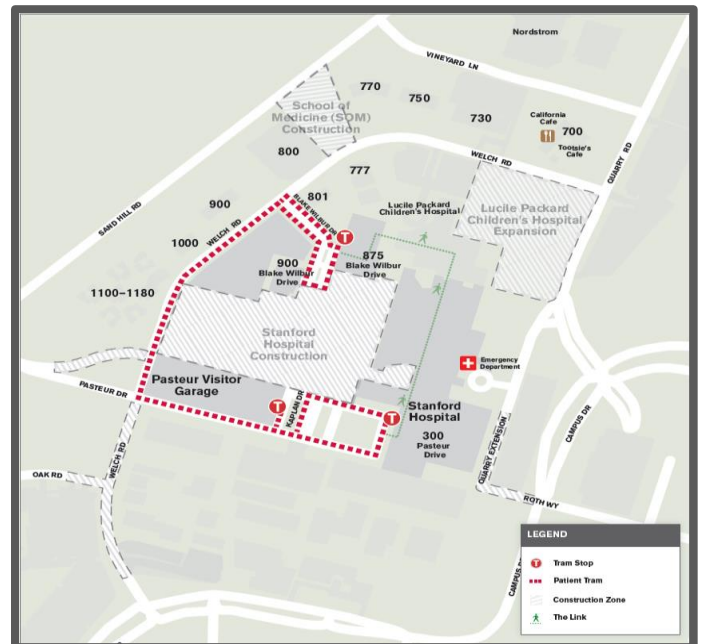
6am-8:45pm, Monday- Friday
9am-5:30pm, Saturday & Sunday

300 Pasteur Drive

- Stanford Hospital
- Boswell Clinic
- Main Hospital Valet

875/900 Blake Wilbur Drive

- Cancer Center
- Ambulatory Surgery Center
- Advance Medicine Center
- Blake Wilbur Clinic
- Blake Wilbur Valet



Tram Request Line

650-898-7742

Guest Services

650-498-3333