

New Parkinson disease patient checklist

name: _____ date of birth _____

To help your doctor understand your Parkinson disease (PD) more quickly and more thoroughly, please fill out this form and bring it to your new patient consultation. Going through the following will also help you organize your thoughts about your disease. If you don't know what something means, or have a question about it, put a question mark in the blank. If you have had problems with any of these symptoms, indicate when they started, by year such as "2018". If symptoms started this calendar year, give the month and year, for example, "January, 2019". If you do not recall when a symptom started, estimate and put a question mark beside that date, for example, "July, 2017?". Please only include dates (or other information as requested below). If you have not had a symptom, leave that one blank.

loss of sense of smell _____

constipation _____

REM behavior disorder (acting out dreams in the night) _____

tremor _____

stiffness of muscles _____

slowness of movement _____

handwriting changes _____

cutting food _____

dressing (buttons) _____

hygiene/bathing _____

turning in bed _____

changes in the way you walk _____

freezing of gait _____

balance problems or falls _____

soft speech _____

drooling _____

swallowing problems _____

dizzy when you stand up _____

dizzy after you eat _____

memory loss _____

prior memory tests? _____ If so, where? _____

anxiety _____

depression _____

loss of motivation _____

What studies were done, when, and where? (bring reports or images if possible)

MRI brain _____
CT brain _____
DaTScan _____
gene tests _____
vitamin B12 _____
vitamin B6 _____
vitamin D _____

What medications were tried, dose, frequency, and any side effects? For example, write "carbidopa/levodopa 25/100 one tablet three times daily, caused nausea".

Have you seen a neurologist about PD before? yes () no ()

If yes, name of neurologist _____

Have you had deep brain stimulation? yes () no () If yes, answer below:

where? _____

when? _____

name of surgeon? _____

Do others in your family have PD or something like it? yes () no () If yes, who?

Before your parkinsonism started, were you exposed to antipsychotics or metoclopramide (Reglan)?

yes () no () If yes, please list:

