

My Concerns to Discuss At This Visit

Include whether changes made at last visit were effective.

Follow-Up Notes From This Visit

Next Appointment _____

Neurology Visit Checklist

Appointment Date _____
(Go to parkinsoncnm.org to print copies of this checklist.)

Every person experiences Parkinson's differently. Not all symptoms listed will apply to you. Being prepared with a list assures your needs will be discussed.

Being clear and honest about PD's impact on you and your family—physically, mentally, and emotionally— is essential to getting the best treatment from your neurologist. Following these steps will help:

- Complete or review the checklist before each visit. Another option is to keep this form in a notebook to prompt you as you determine your concerns. Prioritize your top 3 concerns and write on the back page.
- Ask a family member or friend for input about how they feel you're doing and to come with you to the visit
- Bring a list of medications and supplements you're taking. List any changes to your medical status.
- Identify which medications need new prescriptions.
- Write down changes to your treatment plan made at this visit on the back page.



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Check all that apply or you feel should be discussed.

SLEEP PROBLEMS

- Difficulty falling or staying asleep
- Excessive daytime sleepiness
- Feeling uncomfortable when sleeping
- Having active, vivid dreams

MOOD PROBLEMS

- Depression: Sad, no energy, change in appetite or sleep
- Anxiety or stress: Worried, restless, tense, panicky
- Apathy: Lost interest in doing and moving, just want to sit
- Compulsive behaviors: Excessive gambling, eating, shopping, sex
- Hallucinations: Seeing or hearing things that aren't there

MEMORY OR THINKING PROBLEMS

- Difficulty with memory, concentration, or attention

OTHER PROBLEMS

- Constipation
- Bladder
- Vision
- Sexual function
- Dizziness or lightheadedness especially when standing up or changing positions

MOBILITY, BALANCE, AND FALLS

- I routinely exercise _____ minutes _____ times a week
- I need help getting up from a chair and or the floor by myself.
- My posture or the way I walk has changed.
- My balance is worse or I feel unsteady.
- I freeze—feel like my feet are glued to the floor. How often?
- I am afraid of falling.
- Number of times I've fallen since my last visit. Any injuries?

Are these problems clearly related to PD or could something else be going on? Is there a specialist I should see?

Source: Adapted from American Academy of Neurology Quality Improvement in Neurology: AAN Parkinson Disease Quality Measures. Neurology 2010.

QUALITY OF LIFE

My PD symptoms are making it difficult or prevent me from doing the following activities that are important to me (sports, hobbies, work, self care, etc)) _____

These symptoms are giving me the most trouble now.

REHAB

It's been _____ months/years since I was treated by a physical, occupational or speech /swallowing therapist.

SAFETY ISSUES THAT CONCERN ME OR MY FAMILY

- Falling or moving safely in my home or the community
- Driving

MEDICATIONS AND SIDE EFFECTS

- I need help setting out my medications.
- I generally miss taking medications or take them much later _____ times per day or week. (Circle one)
- My body moves when I'm not aware of it.
- My medications wear off between doses.
- There are times when my medications don't work.

If so, when? _____

TREATMENT OPTIONS

1. Do my medications need to be adjusted? Could I try others?
2. Is surgery an appropriate option for me at this time?
3. What complementary or other therapies might help me?
4. Is there a support group or counselor that you recommend?

MY TREATMENT PROGRAM

1. Did I make the changes recommended at my last visit?
2. Were those changes helpful? Explain.
3. Do I have any new medical problems, allergies or changes to non-PD medications since my last visit?
4. Which medications need new prescriptions?