

Parkinson's Care Questionnaire

Name: _____ Age: _____

Date of Birth: _____

What are your goals for this appointment? You may want to complete the Goal summary sheet available in My Chart.

List your current or most bothersome problems or symptoms:

Did you do make the changes recommended during your last visit?

Were your last treatment changes helpful? Explain.

List other medical problems or diagnoses:

List any new medical problems or allergies since your last visit:

Do you experience dyskinesia? Y/N

Do your medications wear off or stop working? Y / N. If yes, on average how long does each dose last? _____hours

Have you had any falls since your last visit? Y / N

List any changes in your living, working or home arrangements:

Circle any problems that you had in the past month:

Movement

Tremor Stiffness Slowness Imbalance Walking Problems
Frequent Falling Movement Freezing Involuntary Movements Muscle
Spasm/Cramping

Speech/ Swallowing/GI

Speech Changes Swallowing Problems Drooling Pneumonia
Weight Loss Weight Gain Nausea Vomiting Abdominal Pain

Bowel or Bladder/ Autonomic/Other

Bladder Problems Constipation Diarrhea Chills/Sweats Fatigue
Leg Swelling Dizziness/lightheaded Fainting/Loss of consciousness
Sexual Dysfunction

Cognitive/Behavioral

Anxiety Depression Sleep Problems Daytime Sleepiness
Sudden Uncontrolled Sleep "Attacks" Vivid or Active Dreams
Memory Loss Confusion Hallucinations Paranoia Mania
Impulsive spending, sex, or gambling

Other

Fever Chills Fatigue Hearing Loss Headache Joint Pain
Back Pain Neck Pain Palpitations Chest Pain Cough Hearing Loss
Vision Change Numbness/Tingling

Attach completed Medication Log available in MyChart.

List any other concerns or problems that you have here:
