

Vital Information For the Care of the Parkinson's Patient

Name: _____

My Birth Date: _____

Family Contact: _____

Phone#: _____

My Neurologist: _____

Phone#: _____

My Primary Care Doctor: _____

Phone#: _____

I have Parkinson's disease. I am providing you the following information to assist you in my care. Please contact _____ with questions you have about my care.

Characteristics of My Parkinson's Disease

The following checked items are motor and non-motor symptoms that I commonly experience.

Motor Symptoms

Non-motor Symptoms

- Tremor
- Slowness of movement
- Rigidity
- Trouble walking
- Poor Balance
- Falls
- Freezing episodes (trouble getting started or suddenly not able to walk)
- Speech problems (soft voice or slurred words)
- Trouble swallowing
- Dyskinesias (involuntary movements)
- Fluctuations in my symptoms related to timing of medication
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- Depression
- Anxiety
- Fatigue
- Thinking problems
- Hallucinations
- Difficulty urinating
- Constipation
- Excessive sweating
- Lightheadedness when I stand up
- Drooling
- Trouble sleeping
- Restless legs
- Vivid dreams
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Additional Comments: _____

I have a DBS (deep brain stimulation) implant. Questions should be directed to my DBS nurse _____ at _____ or to Medtronic at (800) 707-0933

WARNINGS: Diathermy (therapeutic ultrasound) is completely contraindicated in people with DBS implants. MRI of the head can only be done following very strict guidelines. Call Medtronic for the guidelines. MRIs of other parts of the body are contraindicated. CT scans are permitted.

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