

**Report to Physician: Next Visit**

Modified from Fox Insight Physician Report Form (use pull-down arrows to select choices (e.g., better/worse/same))

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- 1. Are there new medical problems since your last visit?
- 2. Since your last visit, how is your Parkinson's disease?
- 3. What aspects of your PD are worse?
- 4. What aspects of your PD are better?
- 5. How would you describe the following symptoms since your last visit?

Dyskinesia	Stiffness
Wearing Off	Walking
Tremors	Balance
Slowness	Memory/thinking

- 6. Did you experience any of the following additional features according to you and/or your caregiver? Check those that apply.

Falling	Speech Problems
Memory Problems	Compulsive behavior
Constipation	Problem swallowing/choking
Urinary Problems	Excessive Saliva/drooling
Sleep Disturbance	Dizziness on Standing
Depression	Apathy (loss of interest)
Hallucinations	

- 7. Is there something you would like to focus on during this visit?

OTHER NOTES TO DOCTOR: