

**Report to Physician: Next Visit**

Modified from Fox Insight Physician Report Form

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

- 1. Are there new medical problems since your last visit?
- 2. Since your last visit, how is your Parkinson's disease? Better, Worse, Same
- 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? Check box.

<b>SYMPTOM</b>	<b>BETTER</b>	<b>WORSE</b>	<b>SAME</b>	<b>NA</b>
Dyskinesia				
Wearing Off				
Tremors				
Slowness				
Stiffness				
Walking				
Balance				
Memory/thinking				

- 6. Did you experience any of the following additional features according to you and/or your caregiver? **(circle any that apply)**

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

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

OTHER NOTES TO DOCTOR: (use back if additional space is needed)