

Neurologist Visit

V13 July 2019 YPI

YPI Committee

7/9/19

Questionnaire for Meeting Neurologist

Meeting with Neurologist

To help people get the most from your visit with your neurologist below are some questions to be considered and bring to you meeting.

Hospital Attended:	
Patient Name:	
Neurologist Name:	
Date and time of Appointment:	Click or tap to enter a date.
Date of last Visit:	
PD Nurse Name	
Date of Meeting with PD Nurse:	Click or tap to enter a date.
GP Name:	
Pharmacist Name:	

Current Medication

Name of Medication	Dosage	No. of times a day

How have things been since the last Neurologist visit?

**Are there new medical problems since your last visit in addition to PD?
e.g. any new diagnoses outside of PD, hospital visits, operations etc?**

Since your last visit, how is your Parkinson's disease?

Better Worse Same

What aspects of your PD are worse?

What aspects of your PD are better?

What would you like to change in quality of Life?

What is working for you in helping you live with PD?

How is your Work/Social Life?

How is exercise working for you?

How would you describe your dyskinesia symptoms since your last visit?

Please select Better, Worse, Same,

- Better Worse Same N/A

How would you describe your wearing off symptoms since your last visit?

Please select Better, Worse, Same, or NA.

- N/A Better Worse Same

How would you describe your tremor symptoms since your last visit?

Please select Better, Worse, Same, or N/A.

- N/A Better Worse Same

How would you describe your slowness symptoms since your last visit?

Please select Better, Worse, Same, or NA.

- N/A Better Worse Same

How would you describe your stiffness symptoms since your last visit?

Please select Better, Worse, Same, or NA.

- N/A Better Worse Same

How would you describe your walking symptoms since your last visit?

Please select Better, Worse, Same, or NA.

- N/A Better Worse Same

How would you describe your balance symptoms since your last visit?

Please select Better, Worse, Same, or NA.

- N/A Better Worse Same

How would you describe your fatigue symptoms since your last visit?

Please select Better, Worse, Same, or NA.

N/A Better Worse Same

How would you describe your memory/thinking symptoms since your last visit?

Please select Better, Worse, Same, or NA.

N/A Better Worse Same

Do you have any changes in your eyes since your last visit?

eye strain Yes No

infection Yes No

redness Yes No

gritty Yes No

dry eyes Yes No

Do you have dribbling of saliva during the daytime since your last visit?

Yes No

Do you have dribbling of saliva during sleep since your last visit?

Yes No

Do you have difficulty swallowing food or drink or problems with choking since your last visit?

Yes No

Do you have vomiting or feeling of sickness (nausea) since your last visit?

Yes No

Do you suffer from constipation (less than three bowel movements a week) or having to strain to pass a stool since your last visit?

Yes No

Do you have unexplained change in weight (not due to change in diet) since your last visit?

Yes No

Do you have loss or change in the ability to smell or taste since your last visit?

Yes No

Are you finding it difficult to stay awake during activities such as working, driving or eating since your last visit?

Yes No

Do you feel that your bowel emptying is incomplete after having been to the toilet since your last visit?

Yes No

Do you have unpleasant sensations in your legs at night or while resting, and a feeling that you need to move since your last visit?

Yes No

Any changes in your hand writing or typing since your last visit?

Yes No

Any changes in being able to use you phone or smart device since your last visit?

Yes No

Do you still feel you are able to drive?

Yes No

Do you feel anxious, frightened or panicky?

Yes No

Do you have problems remembering things that have happened recently or forgetting to do things?

Yes No

Do you have difficulty concentrating or staying focused?

Yes No

Do you experience any of the following additional features according to you and/or your caregiver since your last visit?

Please select all that apply.

- Falling
- Bowel (faecal) incontinence
- Sleep disturbance
- Depression
- Feeling sad,' low' or 'blue '
- Seeing or hearing things that are not there
- Speech issues
- Sexual dysfunctions
- Stiffness
- Cramping problems
- Difficulty getting to sleep at night or staying asleep at night
- Intense, vivid or frightening dreams
- Dizziness, feeling lightheaded/weak going from sitting/lying to standing
- Apathy (loss of interest)
- A sense of urgency to pass urine makes you rush to the toilet.
- Getting up regularly at night to pass urine.
- Unexplained pains (not due to known conditions such as arthritis).
- Talking or moving about in your sleep, as if you are 'acting out' a dream
- Swelling of the legs.
- Excessive sweating.
- Believing things are happening to you that other people say are not
- Dystonia (abnormalities of movement and muscle tone)
- Loss of appetite
- Addiction issues – over spending, gambling etc

Have you been referred to any of the following health professionals since your diagnosis?

Parkinsons Nurse assessment?

Yes No

Speech and language therapist for baseline swallow & speech assessment?

Yes No

Dietitian for anthropometric assessment (weight, height, BMI, muscle, body fat etc) and dietary assessment?

Yes No

Occupational therapist for assessment of support tools e.g. weighted pens, tools to help grip etc.

Yes No

Physiotherapist for assessment of mobility, exercise needs?

Yes No

Psychologist for assessment of mood, mental health, issues in relation to relationships, work etc

Yes No

If you answered yes to any of the above, do you need a review?

If you answered no, then consider asking your neurologist for a referral as people with PD should be assessed by all these health professionals in order to receive early intervention care

Have you received any of the following interventions since your diagnosis?

LSVT Loud (for strengthening voice & swallow even if you have no obvious issues)

Yes No

Exercise programme for PD

Yes No

If no, perhaps consider discussing these with your neurologist and any interventions available within your hospital or community health service that your neurologist can refer you to.

Have you received any of the following tests since diagnosis?

Dexa scan for bone health?

Yes No

Blood tests e.g. Copper, Iron, Ferritin, Vit B12, Folate, Vit D?

Yes No

If No then consider discussing with your neurologist as people with PD are known to have higher risk of osteopenia/osteoporosis and blood levels such as Vit B12 can be affected by medications and low Vitamin D is linked to osteopenia/osteoporosis.

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

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Prescription Renewal

Do you need a repeat script or a new script with new medication or altered dosages?

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Date of Next appointment

Click or tap to enter a date.

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