

S Subjective

1 PATIENT IDENTIFICATION

Name: _____ DOB / Age: _____
Sex: _____ MRN: _____
Date of Visit: _____ Referring Provider: _____
Neurologist / MD Specialist: _____ Accompanied by: _____
Historian reliability: _____

2 CHIEF COMPLAINT

Primary concern: _____
Duration of symptoms: _____

3 HPI — ONSET & COURSE

Onset (sudden / gradual): _____ Course: _____
Duration: _____ Initial symptom: _____

4 MOVEMENT PHENOMENOLOGY

Type of movement: _____
Distribution: _____
Pattern: _____
Severity (patient-reported): _____

5 TREMOR DETAILS (IF PRESENT)

Type: _____ Aggravating factors: _____
Laterality: _____ Relieving factors: _____

6 BRADYKINESIA & RIGIDITY

Slowness in ADLs (buttoning, writing, eating). Subjective stiffness vs observed rigidity... 

7 GAIT & BALANCE


Gait difficulty: _____ Falls (frequency / context): _____
Freezing episodes: _____ Assistive device use: _____

8 OTHER INVOLUNTARY MOVEMENTS

Dyskinesia, dystonia, chorea, myoclonus, tics. Timing (rest, action, medication-related). Triggers or suppressibility... 

9 NON-MOTOR SYMPTOMS

COGNITIVE / PSYCHIATRIC

Memory, executive function changes, depression, anxiety, apathy, hallucinations... 

SLEEP

Insomnia, REM sleep behaviour disorder, daytime sleepiness... 

AUTONOMIC

Orthostatic dizziness, constipation, urinary dysfunction, sexual dysfunction, olfactory dysfunction, fatigue...

10 MEDICATION HISTORY (MOVEMENT-SPECIFIC)

Current medications (dose, frequency): levodopa, dopamine agonists, MAO-B inhibitors, anticholinergics, beta-blockers, benzodiazepines, tetrabenazine, botulinum toxin...

MEDICATION RESPONSE

Benefit (duration, consistency), wearing-off phenomena, on-off fluctuations. Adverse effects: dyskinesias, hallucinations, impulse control disorders. Medications that may induce movement disorders: antipsychotics, antiemetics, stimulants...

11 PRIOR EVALUATION & TREATMENT

Previous neurology evaluations, imaging (MRI, CT, DAT scan), EMG/EEG, botulinum toxin injections, rehabilitation therapies, neurosurgical interventions (DBS, lesioning)...

12 FUNCTIONAL IMPACT

ADL independence: _____ Work impact: _____
Instrumental ADLs: _____ Driving status: _____

13 REVIEW OF SYSTEMS

NEUROLOGICAL / PSYCHIATRIC

Tremor, weakness, sensory changes, depression, anxiety, hallucinations...

AUTONOMIC / CARDIOVASCULAR

Syncope, orthostasis, constipation, urinary symptoms...

SLEEP / MUSCULOSKELETAL / GENERAL

Sleep disturbances, abnormal movements during sleep, stiffness, pain, fatigue, weight change...

14 PAST MEDICAL HISTORY

Neurologic disorders (Parkinsonism, tremor, dystonia, stroke, neurodegenerative). Psychiatric history. Other chronic conditions...

15 PAST SURGICAL HISTORY

DBS, thalamotomy, pallidotomy, other relevant surgeries...

16 MEDICATIONS

Full reconciled medication list with dose, frequency, and adherence...

17 ALLERGIES

Drug allergies: _____
Reaction type: _____
Contrast / latex: _____

18 FAMILY HISTORY

Parkinson's disease, essential tremor, dystonia, Huntington's, other neurologic or genetic disorders...

19 SOCIAL HISTORY

Occupation: _____ Tobacco use: _____
 Living situation: _____ Alcohol use: _____
 Physical activity: _____ Substance use: _____
 Sleep quality / stress level: _____

O Objective

20 VITAL SIGNS

BP: _____ HR: _____ RR: _____
 Temperature: _____ BMI: _____
 Orthostatic BP (if indicated): _____

21 GENERAL EXAMINATION

Appearance: _____
 Posture: _____
 Spontaneous movements: _____

22 MENTAL STATUS

DOMAIN	FINDINGS
Orientation / attention / memory	_____
Language	_____
Executive function	_____
Mood & affect	_____

23 CRANIAL NERVES (II-XII)

Visual fields, eye movements, facial symmetry, speech, swallowing...

24 MOTOR EXAMINATION

FINDING	RIGHT	LEFT
Strength (0–5)	_____	_____
Tone / rigidity (cogwheel / lead-pipe)	_____	_____
Bulk	_____	_____

25 MOVEMENT DISORDER-FOCUSED EXAM

TREMOR

ASSESSMENT	FINDINGS
Rest / postural / action tremor	_____
Distribution and amplitude	_____

BRADYKINESIA

TASK	FINDINGS
Finger tapping	_____
Hand opening / closing	_____
Pronation–supination	_____
Toe tapping	_____

RIGIDITY

REGION	RIGHT	LEFT
Upper limbs	_____	_____

Lower limbs	_____	_____
Axial	_____	_____

DYSKINESIA / DYSTONIA

FINDING	DETAILS
Presence, distribution, severity	_____

26 GAIT & BALANCE

ASSESSMENT	FINDINGS
Stride length	_____
Arm swing	_____
Turning	_____
Freezing	_____
Pull test (postural stability)	_____

27 COORDINATION

TEST	FINDINGS
Finger-to-nose	_____
Heel-to-shin	_____
Rapid alternating movements	_____

28 REFLEXES & SENSORY

ASSESSMENT	FINDINGS
Deep tendon reflexes	_____
Pathologic reflexes	_____
Sensory exam (if indicated)	_____

29 STANDARDISED SCALES

UPDRS (if applicable): _____ MoCA / MMSE: _____
 Hoehn and Yahr stage: _____ Disease-specific scale: _____

30 DIAGNOSTIC STUDIES

IMAGING

MRI, CT, DAT scan — dates and findings... //

ELECTROPHYSIOLOGY

EMG, EEG — dates and findings... //

LABORATORY STUDIES

TSH, B12, CMP, CBC, metabolic / autoimmune / genetic testing if indicated... //

NEUROPSYCHOLOGICAL TESTING

Results if performed... //

A Assessment

31 PRIMARY DIAGNOSIS

Diagnosis (subtype & severity): _____

32 DIFFERENTIAL DIAGNOSES

Essential tremor, atypical parkinsonism, drug-induced, metabolic / structural causes...

33 PROBLEM LIST

Tremor, bradykinesia, gait instability, non-motor symptoms, medication-related complications...

P Plan

34 MEDICAL MANAGEMENT

Start / adjust / discontinue medications. Address medication-induced symptoms...

35 PROCEDURAL / ADVANCED THERAPIES

Botulinum toxin, DBS evaluation, infusion therapies...

36 REHABILITATION & REFERRALS

Physical therapy, occupational therapy, speech therapy...

37 DIAGNOSTICS

Additional imaging, labs, electrophysiology as needed...

38 SAFETY & COUNSELLING

Fall precautions, driving safety, medication risks and adherence...

39 PATIENT EDUCATION

Diagnosis explanation, disease progression, lifestyle modifications...

40 FOLLOW-UP

Return in: _____

Red flag instructions: _____

Notes: _____

41 TIME DOCUMENTATION

Total time spent: _____ Counselling / coordination time: _____

42 BILLING CONSIDERATIONS

Complexity: _____ Data reviewed: _____

Risk level: _____

PROVIDER SIGNATURE

Physician name: _____ Specialty: _____

Signature: _____ Date / Time: _____