

**S** Subjective

**1 PATIENT IDENTIFICATION**

Name:	Michael R. Anderson	DOB / Age:	03/14/1958 / 68 years
Sex:	Male	MRN:	48291736
Date of Visit:	04/10/2026	Referring Provider:	Dr. Lisa Bennett, PCP
Neurologist / MD Specialist:	Dr. Daniel K. Hoffman, MD	Accompanied by:	Wife (Susan Anderson)
Historian reliability:	Both — patient + spouse corroboration (cognitive/sleep)		

**2 CHIEF COMPLAINT**

Primary concern:	Progressive right-hand tremor and slowing of movements
Duration of symptoms:	Approximately 18 months

**3 HPI — ONSET & COURSE**

Onset (sudden / gradual):	Gradual	Course:	Slowly progressive
Duration:	18 months	Initial symptom:	Intermittent resting tremor right hand while watching TV

**4 MOVEMENT PHENOMENOLOGY**

Type of movement:	Rest tremor with evolving bradykinesia and mild rigidity
Distribution:	Initially right UE; now right LE and subtle left-sided involvement
Pattern:	Predominantly at rest; decreases with voluntary movement; rhythmic
Severity (patient-reported):	Moderate, worsening over time

**5 TREMOR DETAILS (IF PRESENT)**

Type:	Rest tremor	Aggravating factors:	Emotional stress, fatigue, caffeine
Laterality:	Initially unilateral (right); now mildly bilateral	Relieving factors:	Voluntary movement, focused activity; partial relief with alcohol

**6 BRADYKINESIA & RIGIDITY**

Increasing difficulty buttoning shirts and handwriting (micrographia). Generalised stiffness especially in the morning and after prolonged sitting.

**7 GAIT & BALANCE**

Gait difficulty:	Slower gait with reduced right arm swing; occasional initiation hesitation	Falls (frequency / context):	2 minor falls in past 6 months; both while turning quickly
Freezing episodes:	No true freezing episodes	Assistive device use:	None

**8 OTHER INVOLUNTARY MOVEMENTS**

No dyskinesias or choreiform movements. Mild intermittent dystonic posturing of right foot during prolonged walking.

**9 NON-MOTOR SYMPTOMS**

**COGNITIVE / PSYCHIATRIC**

Mild forgetfulness (short-term recall, multitasking). Mild depressive symptoms, decreased motivation. No hallucinations. Reduced sense of smell over several years. Persistent daytime fatigue.

**SLEEP**

Fragmented sleep, vivid dreams with occasional limb movements — suggestive of REM sleep behaviour disorder.

## AUTONOMIC

Orthostatic dizziness on standing quickly. Chronic constipation (BMs every 3–4 days). Mild urinary urgency without incontinence. Decreased libido. Persistent daytime fatigue.

## 10 MEDICATION HISTORY (MOVEMENT-SPECIFIC)

Carbidopa-Levodopa 25/100 mg TID. Pramipexole 0.5 mg TID. Sertraline 50 mg daily. Lisinopril 10 mg daily.

## MEDICATION RESPONSE

Moderate improvement in tremor and stiffness with levodopa; effect lasts ~3–4 hours. Wearing-off: return of tremor/stiffness before next dose. Mild on-off fluctuations in late afternoon. Initial nausea with pramipexole (resolved). No dyskinesias or hallucinations. No

## 11 PRIOR EVALUATION & TREATMENT

General neurology evaluation 1 year ago. Brain MRI: mild age-related atrophy, no focal lesions. DAT scan: decreased uptake in left striatum consistent with dopaminergic deficit. No EMG/EEG. No botulinum toxin or neurosurgical interventions. 8 weeks of PT with mild gait

## 12 FUNCTIONAL IMPACT

ADL independence:	<u>Independent but slower</u>	Work impact:	<u>Retired accountant; symptoms affected performance pre-retirement</u>
Instrumental ADLs:	<u>Requires assistance with finances and complex tasks</u>	Driving status:	<u>Still driving; wife has mild concern re: reaction time</u>

## 13 REVIEW OF SYSTEMS

### NEUROLOGICAL / PSYCHIATRIC

Tremor, slowness, mild imbalance. Mild depression. No psychosis.

### AUTONOMIC / CARDIOVASCULAR

Occasional lightheadedness on standing (orthostatic drop confirmed). Chronic constipation. Urinary urgency.

### SLEEP / MUSCULOSKELETAL / GENERAL

Fragmented sleep, dream enactment behaviour. Generalised stiffness especially axial. Fatigue. Unintentional 5 lb weight loss over 6 months.

## 14 PAST MEDICAL HISTORY

Parkinsonism (diagnosed 1 year ago). Mild depression. Hypertension. Hyperlipidaemia.

## 15 PAST SURGICAL HISTORY

Appendectomy (age 25). No DBS or lesioning procedures.

## 16 MEDICATIONS

Carbidopa-Levodopa 25/100 mg TID | Pramipexole 0.5 mg TID | Sertraline 50 mg daily | Lisinopril 10 mg daily | Atorvastatin 20 mg nightly

## 17 ALLERGIES

Drug allergies:	<u>Penicillin</u>
Reaction type:	<u>Rash</u>
Contrast / latex:	<u>No known contrast or latex allergies</u>

## 18 FAMILY HISTORY

Father: Parkinson's disease (late 70s). Mother: Alzheimer's disease. No known dystonia or Huntington's.

### 19 SOCIAL HISTORY

Occupation:	Retired accountant	Tobacco use:	Former smoker; quit 20 years ago
Living situation:	Lives with spouse in single-family home	Alcohol use:	1–2 drinks/week
Physical activity:	Walks 3–4×/week; reduced intensity due to symptoms	Substance use:	None
Sleep quality / stress level:	Poor sleep quality; moderate stress related to health decline		

## O Objective

### 20 VITAL SIGNS

BP:	132/78 sitting; 110/70 standing	HR:	68 bpm	RR:	14/min
Temperature:	98.4°F	BMI:	26.1 kg/m <sup>2</sup>		
Orthostatic BP (if indicated):	Drop confirmed: 132/78 → 110/70				

### 21 GENERAL EXAMINATION

Appearance:	Mildly masked facies, decreased blink rate
Posture:	Stooped
Spontaneous movements:	Visible resting tremor in right hand

### 22 MENTAL STATUS

DOMAIN	FINDINGS
Orientation / attention / memory	Alert and oriented ×3; mild short-term recall impairment (2/3 at 5 min)
Language	Hypophonic speech; otherwise intact
Executive function	Mild dysfunction on sequencing tasks
Mood & affect	Mildly depressed

### 23 CRANIAL NERVES (II–XII)

Intact visual fields. Normal extraocular movements. Hypophonic speech. Mild facial hypomimia.

### 24 MOTOR EXAMINATION

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

### 25 MOVEMENT DISORDER-FOCUSED EXAM

#### TREMOR

ASSESSMENT	FINDINGS
Rest / postural / action tremor	Rest tremor right hand predominant, 4–5 Hz
Distribution and amplitude	Right hand > right leg; mild amplitude

#### BRADYKINESIA

TASK	FINDINGS
Finger tapping	Slowed, decreased amplitude on right
Hand opening / closing	Decreased speed on right
Pronation–supination	Mildly impaired right
Toe tapping	Intact

**RIGIDITY**

REGION	RIGHT	LEFT
Upper limbs	Cogwheel rigidity	Mild
Lower limbs	Mild	Minimal
Axial	Mild axial rigidity	—

**DYSKINESIA / DYSTONIA**

FINDING	DETAILS
Presence, distribution, severity	No dyskinesia; mild right foot dystonia during walking

**26 GAIT & BALANCE**

ASSESSMENT	FINDINGS
Stride length	Shortened
Arm swing	Reduced on right
Turning	Mild difficulty
Freezing	None
Pull test (postural stability)	Recovers with 2 steps

**27 COORDINATION**

TEST	FINDINGS
Finger-to-nose	Intact bilaterally
Heel-to-shin	Intact
Rapid alternating movements	Mildly slowed on right

**28 REFLEXES & SENSORY**

ASSESSMENT	FINDINGS
Deep tendon reflexes	2+ symmetric
Pathologic reflexes	None
Sensory exam (if indicated)	Intact

**29 STANDARDISED SCALES**

UPDRS (if applicable):	Moderate motor involvement	MoCA / MMSE:	25/30
Hoehn and Yahr stage:	Stage 2	Disease-specific scale:	—

**30 DIAGNOSTIC STUDIES****IMAGING**

MRI (prior): mild cortical atrophy, no focal lesions. DAT scan: asymmetric reduced uptake in left striatum consistent with dopaminergic deficit.

**ELECTROPHYSIOLOGY**

None performed.

**LABORATORY STUDIES**

TSH: normal. B12: normal. CMP/CBC: within normal limits.

**NEUROPSYCHOLOGICAL TESTING**

Not performed at this visit. Repeat cognitive testing planned in 6–12 months.

## A Assessment

### 31 PRIMARY DIAGNOSIS

Diagnosis (subtype & severity): Idiopathic Parkinson's disease, akinetic-rigid predominant, moderate severity (H&Y Stage 2)

### 32 DIFFERENTIAL DIAGNOSES

Essential tremor (less likely — rest tremor and bradykinesia present). Atypical parkinsonism (no early falls or rapid progression). Drug-induced parkinsonism (no exposure history).

### 33 PROBLEM LIST

Rest tremor. Bradykinesia. Rigidity. Gait instability. Constipation. Orthostatic hypotension. Sleep disturbance (possible RBD). Mild cognitive impairment.

## P Plan

### 34 MEDICAL MANAGEMENT

Increase Carbidopa-Levodopa to 1.5 tablets TID. Continue Pramipexole with monitoring. Start polyethylene glycol for constipation. Consider melatonin for sleep disturbances.

### 35 PROCEDURAL / ADVANCED THERAPIES

Discuss future DBS candidacy if symptoms progress.

### 36 REHABILITATION & REFERRALS

Refer to PT (gait and balance training). OT for fine motor skills. Speech therapy for hypophonia.

### 37 DIAGNOSTICS

Repeat cognitive testing in 6–12 months.

### 38 SAFETY & COUNSELLING

Fall precautions emphasised. Driving safety concerns discussed with patient and wife. Medication adherence reviewed.

### 39 PATIENT EDUCATION

Explained progressive nature of Parkinson's disease. Encouraged regular exercise and structured daily routine.

### 40 FOLLOW-UP

Return in: 3 months

Red flag instructions: Return sooner if worsening symptoms, new falls, or confusion

Notes: —

### 41 TIME DOCUMENTATION

Total time spent: 55 minutes

Counselling / coordination time: 30 minutes

### 42 BILLING CONSIDERATIONS

Complexity: High

Data reviewed:

Imaging, labs, prior neurology records

Risk level: Moderate