



1

Patient Identification

Name:	_____	Date of Visit:	_____
DOB / Age:	_____	Referring Provider:	_____
Sex:	_____	Neurologist / Movement Disorder Specialist:	_____
MRN:	_____	Accompanied by:	_____

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Subjective

2

CHIEF COMPLAINT

Primary concern (tremor, slowness, stiffness, gait, wearing-off): \_\_\_\_\_

Duration: \_\_\_\_\_

3

HISTORY OF PRESENT ILLNESS

SYMPTOM ONSET & PROGRESSION

Onset (unilateral / bilateral): \_\_\_\_\_

Duration and progression: \_\_\_\_\_

Symmetry of symptoms: \_\_\_\_\_

MOTOR SYMPTOMS

Resting tremor:	_____	Micrographia:	_____
Bradykinesia:	_____	Masked facies:	_____
Rigidity:	_____	Reduced arm swing:	_____
Postural instability:	_____		

GAIT & BALANCE

Shuffling gait: \_\_\_\_\_

Freezing of gait: \_\_\_\_\_

Difficulty initiating walking: \_\_\_\_\_

Falls (frequency, triggers): \_\_\_\_\_

MOTOR FLUCTUATIONS

"On" periods: \_\_\_\_\_

"Off" periods: \_\_\_\_\_

Dyskinesias: \_\_\_\_\_

Wearing-off: \_\_\_\_\_

RESPONSE TO MEDICATION

Response to Levodopa: \_\_\_\_\_

Side effects: \_\_\_\_\_

NON-MOTOR SYMPTOMS – NEUROPSYCHIATRIC

Depression / anxiety: \_\_\_\_\_

Hallucinations: \_\_\_\_\_

Cognitive decline: \_\_\_\_\_

NON-MOTOR SYMPTOMS – AUTONOMIC

Orthostatic symptoms:	_____	Urinary symptoms:	_____
Constipation:	_____	Sexual dysfunction:	_____

NON-MOTOR SYMPTOMS – SLEEP

**Insomnia:** \_\_\_\_\_  
**REM sleep behavior disorder:** \_\_\_\_\_  
**Daytime sleepiness:** \_\_\_\_\_

**NON-MOTOR SYMPTOMS — SENSORY**

**Anosmia:** \_\_\_\_\_  
**Pain:** \_\_\_\_\_

**FUNCTIONAL STATUS**

**Basic ADLs:** \_\_\_\_\_  
**Instrumental ADLs:** \_\_\_\_\_  
**Work and independence impact:** \_\_\_\_\_

**RED FLAG SYMPTOMS**

**Early falls / rapid progression:** \_\_\_\_\_  
**Poor levodopa response:** \_\_\_\_\_  
**Early autonomic failure / vertical gaze palsy:** \_\_\_\_\_

**PRIOR EVALUATION & TREATMENT**

**Previous diagnosis:** \_\_\_\_\_  
**Imaging / tests:** \_\_\_\_\_  
**Prior medications / therapies:** \_\_\_\_\_

**4 PAST MEDICAL HISTORY**

Parkinson's / movement disorders, stroke / TIA, dementia, psychiatric illness, sleep disorders, other comorbidities...

**5 PAST SURGICAL HISTORY**

Deep Brain Stimulation, other neurosurgical procedures, major surgeries...

**6 MEDICATIONS**

Anti-parkinsonian drugs (dose, timing, response). Other medications. OTC / supplements...

**7 ALLERGIES**

Drug allergies and reactions...

**8 SOCIAL HISTORY**

**Occupation:** \_\_\_\_\_ **Substance use:** \_\_\_\_\_  
**Living situation:** \_\_\_\_\_ **Caregiver support:** \_\_\_\_\_  
**Exercise:** \_\_\_\_\_

**9 FAMILY HISTORY**

Parkinson's disease. Dementia / neurodegenerative disorders...

**10 REVIEW OF SYSTEMS (FOCUSED)**

**Neurological:** \_\_\_\_\_  
**Psychiatric:** \_\_\_\_\_  
**Autonomic:** \_\_\_\_\_  
**Sleep:** \_\_\_\_\_

## O Objective

### 11 VITAL SIGNS

BP: \_\_\_\_\_ RR: \_\_\_\_\_ SpO<sub>2</sub>: \_\_\_\_\_  
HR: \_\_\_\_\_ Temp: \_\_\_\_\_

### 12 GENERAL EXAMINATION

Facial expression: \_\_\_\_\_  
Posture: \_\_\_\_\_  
Spontaneous movements: \_\_\_\_\_

### 13 NEUROLOGICAL EXAMINATION

#### | MENTAL STATUS

Orientation / Memory / Attention: \_\_\_\_\_  
Cognitive screening: \_\_\_\_\_

#### | CRANIAL NERVES

Facial movement / speech (hypophonia): \_\_\_\_\_  
Swallowing / eye movements: \_\_\_\_\_

#### | MOTOR EXAMINATION

Strength: \_\_\_\_\_ Tremor: \_\_\_\_\_  
Tone (rigidity): \_\_\_\_\_ Bradykinesia: \_\_\_\_\_

#### | COORDINATION & GAIT

Gait pattern / turning: \_\_\_\_\_  
Postural stability / fall risk: \_\_\_\_\_

### 14 PARKINSON'S RATING SCALES

UPDRS score: \_\_\_\_\_  
Hoehn and Yahr scale: \_\_\_\_\_

### 15 DIAGNOSTIC STUDIES

MRI brain: \_\_\_\_\_  
DaTscan: \_\_\_\_\_  
Labs: \_\_\_\_\_  
Neuropsychological testing: \_\_\_\_\_

## A Assessment

### 16 PRIMARY DIAGNOSIS

Diagnosis: \_\_\_\_\_  
ICD-10 Code: \_\_\_\_\_

### 17 DISEASE SEVERITY / STAGE

Hoehn & Yahr stage: \_\_\_\_\_  
UPDRS score: \_\_\_\_\_

### 18 DIFFERENTIAL DIAGNOSIS

Essential tremor: \_\_\_\_\_  
Drug-induced parkinsonism: \_\_\_\_\_

Atypical parkinsonism: \_\_\_\_\_  
\_\_\_\_\_

**19 ASSOCIATED CONDITIONS**

Mood disorders: \_\_\_\_\_

Cognitive impairment: \_\_\_\_\_  
\_\_\_\_\_

Sleep disorders: \_\_\_\_\_

Autonomic dysfunction: \_\_\_\_\_  
\_\_\_\_\_

**20 RED FLAG FEATURES & PROGNOSIS**

Red flag features (if present): \_\_\_\_\_

Disease progression / functional outlook: \_\_\_\_\_  
\_\_\_\_\_

**P Plan**

**21 MEDICAL MANAGEMENT**

Initiate / adjust medications. Manage fluctuations. Treat dyskinesias. Address non-motor symptoms...

**22 REHABILITATION**

Physical therapy: \_\_\_\_\_

Occupational therapy: \_\_\_\_\_  
\_\_\_\_\_

Speech therapy: \_\_\_\_\_  
\_\_\_\_\_

**23 ADVANCED THERAPY CONSIDERATION**

Deep Brain Stimulation evaluation: \_\_\_\_\_  
\_\_\_\_\_

**24 REFERRALS**

Neurology / movement disorder specialist: \_\_\_\_\_

Psychiatry: \_\_\_\_\_  
\_\_\_\_\_

Rehabilitation services: \_\_\_\_\_  
\_\_\_\_\_

**25 MONITORING PARAMETERS**

ON / OFF fluctuations / dyskinesias: \_\_\_\_\_

Falls / cognition: \_\_\_\_\_  
\_\_\_\_\_

Medication side effects: \_\_\_\_\_  
\_\_\_\_\_

**26 PATIENT & CAREGIVER EDUCATION**

Disease understanding. Medication adherence. Exercise. Fall prevention. Support systems...

**27 FOLLOW-UP**

Routine follow-up: \_\_\_\_\_

Early review if: \_\_\_\_\_  
\_\_\_\_\_

**28 TIME / BILLING**

Total time (minutes): \_\_\_\_\_

Counseling time: \_\_\_\_\_  
\_\_\_\_\_

Complexity: \_\_\_\_\_  
\_\_\_\_\_

**Provider name & credentials:** \_\_\_\_\_

**Date / Time:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**NPI:** \_\_\_\_\_

**Visit type:** \_\_\_\_\_