

Medical Appointment



Complete this form before each doctor's visit to help the person with Parkinson's fill out intake forms and make sure you get your top questions answered. Take notes to help you remember what is discussed at the appointment. Make copies of the blank form or download and print more so that you have one for each visit.

Top concerns:

1.	<hr/> <hr/>
2.	<hr/> <hr/>
3.	<hr/> <hr/>

Bring a list of all medications that the person with Parkinson's is currently taking or write it below:

MEDICATION:	<input type="radio"/> Need Refill
MEDICATION:	<input type="radio"/> Need Refill
MEDICATION:	<input type="radio"/> Need Refill
MEDICATION:	<input type="radio"/> Need Refill
MEDICATION:	<input type="radio"/> Need Refill

FILLED OUT BY:

DATE:

Deep Brain Stimulation device? No Yes

When was it implanted? _____

**Illness, surgery / procedure, hospitalization,
emergency room visits since last appointment?** No Yes

Describe: _____

Current exercise routine: _____

Where does the person with Parkinson's live?

- Private home Apartment/condominium Assisted living
 Nursing home *Moved from last visit*

Does the person with Parkinson's live with someone?

- No Yes, with _____

Should a copy of dictation be sent to another doctor? No Yes

Name: _____

Mailing address _____

Use this space to take notes on what the doctor says:

Medications & Schedule



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Write in pencil so you can make changes more easily, or make copies of the blank form to update if there are medication changes.

MEDICATION NAME

PRESCRIBED FOR

EXAMPLE: Carb/levo 25/100	Parkinson's
EXAMPLE: Miralax	Constipation

FILLED OUT BY:

DATE:
.....
.....
.....

MEDICATION TIMES AND DOSE

	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	COMMENTS / NOTES
	1.5 tab	1 tab	1.5 tab	1 tab	1.5 tab		
		X					1 scoop in 8 ounces of water