

PACIFIC MOVEMENT DISORDERS CENTER

AT PACIFIC NEUROSCIENCE INSTITUTE®

RETURNING PATIENT QUESTIONNAIRE

Please answer the following for your appointment. *Thank you.*

Have you had any new diagnoses since last being seen? _____

Have you had any change in your Medication List including doses since last being seen? _____

Review of systems:

Please mark off if you have experienced any of these symptoms in the past couple weeks:

- General: weight loss weight gain fevers night sweats fatigue loss of appetite
- Eyes: blurry vision double vision bright lights, flashing lights, spots or dots in vision
 sensitivity to light glaucoma wavy lines, zigzag lines, swirly lines, kaleidoscope
- Ears, nose, mouth, throat: hearing loss muffled hearing ringing in ears dizziness (vertigo)
 trouble swallowing sinus pressure nasal discharge ear pain
 Change in sense of smell or taste
- Cardiovascular: shortness of breath chest pain or pressure palpitations (feeling of heart racing)
 passing out spells swelling in legs low blood pressure high blood pressure
 lightheadedness upon standing
- Pulmonary: cough wheezing coughing up blood
- Gastrointestinal: nausea vomiting diarrhea constipation stool incontinence
- Genitourinary: frequent urination urgency incontinence trouble getting urine out
 erectile dysfunction low libido
- Neurological: headache memory loss loss of consciousness numbness or tingling
 weakness muscle cramps tremor lack of coordination
 falls falls resulting in injury slowness of walking or movement
 shuffling gait stooped posture reduced armswing dragging feet
 muscle stiffness twitching or jerking slurred speech change in voice
- Psychological: depression anxiety personality change auditory hallucinations
 paranoia agitation visual hallucinations suicidal thoughts
- Sleep: trouble falling asleep trouble staying asleep snoring
 irregular breathing during sleep kicking or punching during dreams
 vivid dreams or nightmares restless legs sleeping too much during the day
- Endocrine: cold intolerance heat intolerance enlarged size of hands or fingers
 change in size of facial features history of kidney stones
For women: irregular periods menopause
- Skin / breast: stretch marks leaking from breasts rash
- Musculoskeletal: joint pain joint swelling muscle pain reduced range of motion
- Hematologic: bleeding bruising use of blood thinners
- Allergic/Immunologic: environmental allergies swollen lymph nodes lumps or swelling

Verify the above is correct. Patient signature _____

Questions you would like to address during today's visit:

1. _____
2. _____
3. _____