

Returning Patient Information

To Be Filled Out Before Appointment

Date: _____

Patient Name: _____

Date of Birth: _____

Information provided by: _____

Relationship to patient: _____

Primary concerns patient wishes to discuss today:

- | | |
|---|----------------|
| Troubles tolerating MS drug or wish to discuss change in therapy? | Yes ___ No ___ |
| New neurological problems since last office visit? | Yes ___ No ___ |
| Steroid therapy for MS symptoms since last visit? | Yes ___ No ___ |
| Hospitalizations/new medical diagnoses/surgeries since last office visit? | Yes ___ No ___ |
| New MRI to review today? | Yes ___ No ___ |
| Change in vision to discuss? | Yes ___ No ___ |
| Emotions: Concerns to discuss today? | Yes ___ No ___ |
| Worsening fatigue to discuss today? | Yes ___ No ___ |
| Balance, tremor, or coordination issues to discuss? | Yes ___ No ___ |
| Falls in the past 3 months? | Yes ___ No ___ |
| Are you getting regular exercise? | Yes ___ No ___ |
| Are you currently smoking? | Yes ___ No ___ |
| Bladder function: Active concerns to discuss today? | Yes ___ No ___ |
| Bowel function: Active concerns to discuss today? | Yes ___ No ___ |
| Sexual dysfunction: Active concerns to discuss today? | Yes ___ No ___ |
| Pain: Active concerns to discuss today? | Yes ___ No ___ |
| Social concerns to discuss today?
(employment, disability, home needs, referrals, etc) | Yes ___ No ___ |



NEUROSCIENCE INSTITUTE

Kirkland, WA 98034

MS CENTER

RETURNING PATIENT FORM

FORM ID ENI 125

Approved 10/18

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Original – Medical Record

MR

Review of Symptoms

IN THE LAST 2 WEEKS HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS:

Constitutional Symptoms

- Unexplained Fevers
- Unexplained weight loss
- Drenching night sweats
- Poor quality of sleep

Eye

- Discharge
- Pain with eye globe movement
- Excessive dryness/tearing problems
- Cataract
- Lazy eye
- Bleached out color perception
- Grey areas or black holes in vision

Ear/nose/throat

- Hearing Loss
- Ear fullness or pain
- Ringing or buzzing in ears
- Sinus problems
- Sores on tongue/gums
- Problem with teeth
- Hoarseness
- Trouble swallowing

Cardiovascular

- Chest pain/discomfort
- Palpitations or irregular heart beat
- Shortness of breath w/exertion
- Shortness of breath lying flat

Respiratory

- Cough
- Shortness of breath/wheezing

Gastrointestinal

- Frequent nausea or vomiting
- Heartburn
- Stomach Pain
- Dark/Tarry looking stool
- Bright red blood in stool
- Constipation

Genitourinary

- Bladder frequency, hesitancy or urgency but no incontinence
- Bowel incontinence
- Pain with urination

Genitourinary cont'd

- Blood in urine
- Blood in stool
- Dark or tarry looking stool
- Recurrent watery stools
- Sexual dysfunction

Musculoskeletal

- Joint pain
- Joint swelling or redness
- Tender muscles
- Back or neck pain

Skin

- Skin Cancer
- Rash
- Injection site lumps
- Injection site pain/red

Neurological

- Seizures
- Loss of consciousness
- Dizziness/light headed
- Dizziness/Vertigo
- Headaches
- Insomnia
- Significant snoring or leg movements in sleep
- Leg spasms or involuntary leg movements/jerks
- Recurrent falls
- Fatigue which limits more than 50% of typical day activities
- Electrical or pins/needles pain
- Electrical pain with bending neck down

Psychiatric

- Racing thoughts/Anxiety
- Poor mood/Depression
- Suicidal thoughts

Hematologic/Lymphatic

- Easy bruising/bleeding
- Enlarged lymph glands



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