Parkinson’s Symptom Summary

Name: _____________________________ Date: ______________

The following checklist can be provided to other medical specialists, therapists or your hospital team to optimize your care.

I have trouble in the following areas that may be affected by my treatment, hospital stay or procedure:

**Motor**

- [ ] Tremor
- [ ] Dyskinesia - uncontrollable movements usually caused by medicine
- [ ] ‘On-off’ fluctuations - periods of time when my medicines are working (‘on’) that I can move better and when my medicines are not working (‘off’) and I have difficulty moving. ‘Off’ periods are usually end of dose so I must get my medicines On time. I MUST HAVE MY PD MEDICINES ON TIME TO REDUCE THIS PROBLEM
- [ ] Dystonia - involuntary muscle spasm, contraction leading to pain, flexion, or twisting movements
- [ ] Balance problems
- [ ] Freezing or gait or motor initiation problems (feet stuck to floor)
- [ ] Swallowing problems
- [ ] Communication and Speech difficulties

**Non-motor**

- [ ] Depression
- [ ] Anxiety
- [ ] Apathy or trouble self-initiating tasks
- [ ] Bladder problems

NWPF mission is to establish optimal quality of life for the Northwest Parkinson’s community through awareness, education, advocacy and care. For more information please visit nwpf.org.

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Parkinson’s Symptom Summary

Non-motor (Continued)

☐ Cognitive Problems

☐ Memory Problems or Mild thinking difficulties

☐ Dementia

☐ Hallucinations or sensitivity to hallucinations with certain medicines

☐ Drooling

☐ Fatigue

☐ Impulsivity Problems

☐ Loss of Smell or loss of appetite

☐ Pain: List where on body____________________________

☐ Sleep Problems

☐ Trouble staying asleep

☐ Restless Legs Syndrome

☐ Sleep Apnea

☐ REM Sleep Behavior Disorder: Vivid, active, physical dreaming

☐ Daytime sleepiness

☐ Sensations: Tingling, Aches, Pain, Cold Hands/Feet

☐ Sexual Dysfunction

Other:

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