

Follow-Up Appointment

Patient name: _____

Name of person with you today: _____

Relationship with the person with you: _____

Today's date: _____

1. Please note concerns that you wish to address with Dr. Makus at this appointment:

2. Have you had any serious medical problems or hospitalizations since your last visit with Dr. Makus? Yes No please notate the details on the back of page if needed

3. Who is your current family doctor: _____

4. Do you have / have you had any of the following concerns that you would like to discuss today:

- | | |
|---|--|
| <input type="checkbox"/> bowel / bladder | <input type="checkbox"/> numbness |
| <input type="checkbox"/> mood | <input type="checkbox"/> difficulty performing daily tasks |
| <input type="checkbox"/> fatigue | <input type="checkbox"/> vision problems |
| <input type="checkbox"/> sexual dysfunction | <input type="checkbox"/> depression |
| <input type="checkbox"/> weakness | <input type="checkbox"/> walking issues |
| <input type="checkbox"/> memory problems | <input type="checkbox"/> if so, do you need an aid to walk |
| <input type="checkbox"/> clumsiness | <input type="checkbox"/> if so, how far can you walk |

5. Since your last visit with Dr. Makus, do you feel your condition is:

- better
- stable
- worse

6. Has there been any changes in your personal circumstances (i.e. work or family matters) that may impact your health that you wish to discuss today:

For **SEIZURE** patients: have you had any seizures since your last visit?

For **MS** patients: have you had any relapses since your last visit?

For **PARKINSON'S** patients: do you feel you are stable & coping OR do you feel that medication adjustments may be required? Are you experiencing:

- | | |
|---|--|
| <input type="checkbox"/> falls | <input type="checkbox"/> memory problems |
| <input type="checkbox"/> hallucinations | <input type="checkbox"/> fatigue |
| <input type="checkbox"/> wearing off | <input type="checkbox"/> weakness |

For **HEADACHE** patients: how many headaches are you having per month?

Please use the back of the form if necessary for any notes / questions / concerns.