



P.O. Box 590146 – Birmingham, AL 35259 – 1.833.473.5465

October 2022

Medical Appointment Assessment Form

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.

NAME: _____ DATE OF APPOINTMENT: _____

Top Concerns

1.
2.
3.

Bring a list of medications that the person with Parkinson’s is currently taking or write in below as well as the status needed for refills.

Medication	Refill Status
Medication	Refill Status
Medication	Refill Status
Medication	Refill Status
Medication	Refill Status

Deep Brain Stimulation Device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was it implanted?	
Illness, surgery / procedure, hospitalization, emergency room visit since last appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Current Exercise Routine:	
Where does the person with Parkinson’s Live?	<input type="checkbox"/> Private Home <input type="checkbox"/> Apartment / Condominium <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home <input type="checkbox"/> Moved from last visit



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Does the person with Parkinson's live with someone?	___ Yes ___ No
If yes, who with?	
Should a copy of dictation be sent to another doctor?	___ Yes ___ No
If yes, Name:	
Mailing Address:	

Use the space below to take notes during the doctor appointment.

For a word version of this form, contact Brooklyn White at brooklyn@parkinsonalabama.org