

# Parkinson's Disease

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has a history of Parkinson's Disease, please answer the following:

1. Please list date of diagnosis: \_\_\_\_\_

2. Please note the functional stage of the client currently:

Stage I unilateral involvement

Stage II bilateral involvement but normal stance

Stage III bilateral involvement with mild postural imbalance but able to lead an independent life

Stage IV bilateral involvement with postural instability, requires substantial help

Stage V severe disease; restricted to bed or wheelchair

3. Has there been any evidence of progression?

yes, please give details \_\_\_\_\_

no

4. Is your client on any medications?

yes, please give details \_\_\_\_\_

no

5. Please note if any of the following have occurred (check all that apply):

dementia recurrent infections

memory problems falls

aspiration recurrent injuries

depression

6. Has your client smoked cigarettes in the last 12 months?

yes, please give details \_\_\_\_\_

no

7. Does your client have any other major health problems (ex: cancer, etc.)?

yes, please give details \_\_\_\_\_

no