

c) Does your patient require any form of assistance with activities around the house, such as dressing, preparing food, Yes No household work or bathing?

If 'Yes', please provide details:

8. Has the patient been referred for specialist opinion or investigation? Yes No

If 'Yes', please provide full details including name, address and specialty of doctor and dates and nature of any investigations carried out or to be carried out. If still awaiting an appointment, please advise when do you expect to see the patient:

9. Please provide details of the current treatment, including names and dosages of each medication:

10. If these drugs or dosages have been changed in the last two years, please provide details, including why:

Please state about the patient's reflexes: elbow, wrist, knee, ankle & planter reflexes: _____

Please confirm about tone, power and co-ordination of motor system: _____

Are there any issues with posture and gait? (If yes, please describe): _____ Yes No

11. Please comment on any other relevant features or co-morbidities or any other illness or habits, which may influence the prognosis of the condition:

Signature: _____

Date: _____

Please print name and add clinic stamp