

PARKINSON'S DISEASE

Producer Name: _____

CLIENT NAME: _____
Submit the Client Information Sheet with this form

- List date of first diagnoses.
- Please note the functional stage of the client currently:
 - Stage I unilateral involvement
 - Stage II bilateral involvement but normal stance
 - Stage II 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
- Has there been any evidence of progression?
 - no
 - yes; give details: _____
- Is client on medication? (accurate name, dosage, and reason)
- Please note if any of the following have occurred (check all that apply):
 - dementia recurrent infections
 - memory problems falls
 - aspiration recurrent injuries
 - pneumonia depression
- Does client have any other major health issues?
(additional questionnaires may be required)

Please fax to 612-392-7644 or email to mvp@mvp-solutions.com

- 99 -