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CENTRE FOR BRAIN HEALTH

Parkinson disease: Preparing for your medical visits

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Getting the most out of your medical visits

- Bring your care partner
- Have a list of any physicians involved in your ongoing care (e.g., family doctor, psychiatrist, etc.)

- Have a list of all the medications you take (name, dose, times of day)
  - if your medications are blister packed, bring the blister pack
  - if you don’t have an updated list, bring all medication bottles with yourself
  - you can ask your pharmacist to help you make an updated list
- Have there been changes to your general health before your last visit?
  - hospitalizations *or* ER visits (when & why)
  - falls & injuries
  - new health conditions/reasons you are seeing other doctors

- Are there any issues or questions you/your care partner would like to discuss?
  - write these down
  - if you have many questions, prioritize them – ask yourself which are the most important to you
- If a symptom is bothering you:
  - how long has it been going on?
  - is it constant or happening at a certain time of day?
  - focus especially on the past 1-2 weeks before the appointment

Example of symptom tracker

Checklist for People Living with Parkinson's Disease

Below is a list of health issues that people living with Parkinson's (PWP) may experience. It is important to note that not all people will experience all of these issues, and they may be due to causes other than PD. This list may help with self-management, conversations with your healthcare providers, or guide you to appropriate services. You can also use this checklist to track your symptoms over time. If the health issue relates to you, check the box if it is currently being managed or if it is a new issue. Check the last box if you need more information or services to address your health issue.

My Name: ______________________________ Date Completed: ____________________

Checklist for People Living with Parkinson's Disease			
MEDICAL PLAN			
I have a confirmed diagnosis (of Parkinson's disease or other Movement Disorders)	☐ yes	☐ no	
I have access to a Neurologist or doctor with a focus on Movement Disorders	☐ yes	☐ no	
I have appropriate medications for my Parkinson's disease symptoms	☐ yes	☐ no	
I know when/how to take my medications, such as timing or with certain foods	☐ yes	☐ no	
I have access to healthcare professionals (Social Worker, Physiotherapist, Occupational Therapist, Speech Language Pathologist, Nurse, Clinical Counsellor, Naturopath, Dietitian, Family Physician, Pharmacist)	☐ yes	☐ no	
For the questions below, check the box if the health issue is new, is currently being managed or if you need more information.	**New issue**	**Issue is being managed**	**Need more info**
EVERYDAY ACTIVITIES			
Dressing, washing, bathing, using the toilet	☐	☐	☐
Preparing food or meals (planning, shopping, or cooking)	☐	☐	☐
Adapting to my home, leisure activities, or place of work	☐	☐	☐
Taking my medications	☐	☐	☐
Driving a vehicle	☐	☐	☐
MOVEMENT AND EXERCISE			
Difficulty with moving around, stability, or balance (with or without a walking aid)	☐	☐	☐
"Freezing" of movement or falling when walking	☐	☐	☐
Getting outside, accessing transit, or getting into/out of cars	☐	☐	☐
Exercises and fall prevention	☐	☐	☐
General weakness, such as difficulty turning over in bed or getting out of a chair	☐	☐	☐
Physical activity plan to achieve my 'daily dose' of exercise (prescription for exercise)	☐	☐	☐
COMMUNICATION AND SWALLOWING			
Communication challenges, such as voice, speech problems, and/or word-finding	☐	☐	☐
Swallowing challenges, such as eating food or drinking; problems with drooling or choking	☐	☐	☐
Loss or changes in my ability to taste or smell	☐	☐	☐
TREMOR, RIGIDITY, AND UNCONTROLLED MOVEMENTS			
Rigidity, slowness, and stiffness	☐	☐	☐
Dyskinesia (uncontrolled fidgety movements caused by medications)	☐	☐	☐
Tremor or clumsy movements	☐	☐	☐
Twisting postures (dystonia)	☐	☐	☐
PAIN			
Pain and muscle/joint soreness	☐	☐	☐
Medications, education, or strategies to help me live better with the pain	☐	☐	☐

For more information contact Parkinson Society British Columbia: *1-800-668-3330* | *www.parkinson.bc.ca*

This Comprehensive Care Plan Checklist was developed for the Parkinson Society British Columbia (PSBC), in partnership with Vancouver Coastal Health, Providence Health and Fraser Health Authority. *© March 2018*

	New issue	Issue is being managed	Need more info
SLEEP AND RESTLESS LEG SYNDROME			
Exhausted or fatigued, such as difficulty staying awake during daily activities	☐	☐	☐
Difficulty getting to sleep or staying asleep over night	☐	☐	☐
Having intense, vivid, or frightening dreams	☐	☐	☐
Talking or moving in my sleep, as if I was 'acting out' a dream	☐	☐	☐
Problems with restless legs at night (Restless Leg Syndrome)	☐	☐	☐
AUTONOMIC SYMPTOMS (such as symptoms related to digestion and blood pressure)			
Feeling light-headed, dizzy, or weak when I stand up (orthostatic hypotension)	☐	☐	☐
Incontinence and/or urgency (difficulty controlling my bladder)	☐	☐	☐
Constipation (less than 3 bowel movements a week) or straining to pass a stool	☐	☐	☐
Impotence or loss of orgasm	☐	☐	☐
Dry eyes	☐	☐	☐
Excessive sweating or dry skin	☐	☐	☐
CHANGES IN MOOD AND MENTAL HEALTH			
Feeling anxious, frightened, nervous, or tense	☐	☐	☐
Feeling sad, 'low', or 'blue'	☐	☐	☐
Seeing or hearing things that I know or am told are not there	☐	☐	☐
Believing things are happening to me that other people say are not	☐	☐	☐
Loss of interest in what is happening around me or in doing things I used to enjoy	☐	☐	☐
CHANGES IN THINKING OR COGNITION			
Poor memory, forgetfulness, or difficulty answering questions	☐	☐	☐
Difficulty concentrating or staying focused, including participating in conversations	☐	☐	☐
LIVING WITH PARKINSON'S DISEASE			
Feeling less interested or more interested in sex	☐	☐	☐
Finding it difficult to have sex when I try	☐	☐	☐
Feeling socially isolated	☐	☐	☐
Challenges with personal relationships	☐	☐	☐
OTHER CHALLENGES			
Managing gut health (with dietician, naturopath)	☐	☐	☐
Double vision or changes in vision not related to my prescription glasses	☐	☐	☐
Vomiting or feelings of sickness (nausea)	☐	☐	☐
Unexplained change in weight (not due to change in diet)	☐	☐	☐
Swelling of the legs	☐	☐	☐
Difficulty breathing or labored breathing	☐	☐	☐
Lack of facial expression	☐	☐	☐
Limbs tingling	☐	☐	☐

What two main health issues you would like to focus on at this time:

1. ____

2. ____

Example of symptom diary

EXAMPLE Parkinson’s Disease Symptom Diary

PD Symptoms MOBILITY	5 am	6 am 6:30	7 am 7:30	8 am	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	*7 7:30*	8 pm	9 pm	10 pm	11 pm	12 pm	1 am	2 am	3 am	4 am
+ 3																								
+ 2				X																				
+ 1 (dyskinesia)					X	X	X	X	X															
0 (feeling well)		x			X	X				X	X		X	X	X	X	X	X						
-1 (off period)												X												
-2																								
-3																								
TREMOR																								
0 No tremor																								
1 Mild																								
DYSTONIA																								
0 No dystonia																								
1 Mild																								
2 Mod-Severe																								
Medication taken		X																						

Building your team

- Care partner (e.g., spouse, other family member, friend, care aide)
- Family physician and/or nurse practitioner
- Pharmacist
- Physiotherapist and/or personal trainer/exercise coach
- Mental health team (e.g., psychologist/counsellor, psychiatrist, etc.)
- Neurologist/movement disorders specialist
- Other specialists (e.g., geriatrician, urologist, psychiatrist, etc.)
- All allied health team members (e.g., physiotherapist, social worker, speech language pathologist, occupational therapist, clinic nurse, & more)

Thank you for your attention!