

Patient enrolment form

Patient contact details

Last name _____
 First name _____ Matricule (CNS) _____
 Street, number _____ Postal code _____
 City _____ Country _____ Tel _____ Email _____

Preferred language of documents (e.g. questionnaires, information)? (single choice)

French German English Portuguese

Medical Diagnosis

Medical diagnosis

G20 – Parkinson's disease Specify _____
 G21 – Secondary parkinsonism Specify _____
 G23 – Atypical parkinsonism Specify _____
 G31 – Other degenerative diseases of nervous system Specify _____

Brain imaging (if available)

	Performed?	Date of last scan	Brief results
CT scan	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MRI scan	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DaTscan	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Current PD treatment and care situation

Types of dopaminergic drugs

None L-DOPA Dopamine agonists Amantadine MAO-B inhibitors
 Inhibitors COMT Other _____

Does the patient take 5 or more doses of L-DOPA per day? Yes No

Does the patient receive any “advanced therapies”?

No DBS Duodopa pump Apomorphine pump Other: _____

Does the patient require help with daily life activities? (Functional mobility questionnaire item 1)

Does not need any help Needs help with some activities Needs constant help

Clinical evaluation

 Modified Hoehn & Yahr Scale 0 1 1.5 2 2.5 3 4 5

Neuro-Examination (based on MDS-UPDRS)

*(0) normal (1) slight (2) mild
(3) moderate (4) severe*

Non-motor symptoms	Cognitive impairment (item 1.1)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
	Hallucinations and psychosis (item 1.2)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Motor symptoms	Dysarthria (speech, item 3.1)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
	Facial expression (item 3.2)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
	Finger tapping (item 3.4)	right hand	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		left hand	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Arising from chair (item 3.9)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
	Gait (item 3.10)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
	Freezing of gait (item 3.11)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
	Balance/postural stability (item 3.12)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
	Body bradykinesia (item 3.14)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
	Rigidity level for each affected area (item 3.3)	neck	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		right upper extremity	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		left upper extremity	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		right lower extremity	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		left lower extremity	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Rest tremor amplitude for each affected area (item 3.17)	lip/jaw	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		right upper extremity	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		left upper extremity	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		right lower extremity	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Kinetic tremor (item 3.16a)	right hand	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
	left hand	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Motor complications	Presence of OFF state (item 4.3)	<input type="checkbox"/> No <input type="checkbox"/> Yes, in the morning <input type="checkbox"/> Yes, during the day					
	If yes, total hours in the OFF state (item 4.3)	<input type="checkbox"/> <2 hours <input type="checkbox"/> ≥2 hours					
	Presence of dyskinesia (item 4.1)	<input type="checkbox"/> No <input type="checkbox"/> Yes <1 hour <input type="checkbox"/> Yes ≥1 hour					
	If yes, level of functional impact (item 4.2)	<input type="checkbox"/> (0) normal <input type="checkbox"/> (1) slight <input type="checkbox"/> (2) mild <input type="checkbox"/> (3) moderate <input type="checkbox"/> (4) severe					
Number of falls in the last 12 months	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> ≥2						

PD stage recommendation

Instructions: Select the most appropriate disease stage. The most appropriate stage is defined by the stage, where most of the patient's characteristic items match.

Stage	Patient's characteristics (info)
<input type="checkbox"/> Diagnostic	Suspicion of disease NO diagnosis of parkinsonism confirmed (yet) AND Appearance of symptoms - bradykinesia AND tremor and/or rigidity
<input type="checkbox"/> Early	H&Y ≤2 Finger tapping: absence of substantial impairment (<i>MDS-UPDRS III-3.4</i> ≤1) Gait: absence of substantial impairment (<i>MDS-UPDRS III-3.10</i> ≤1) Postural instability: absent (<i>MDS-UPDRS 3.12</i> =0) Falls: none Dyskinesia: absent (<i>MDS-UPDRS IV-4.1</i> =0) Motor fluctuations: absent (<i>MDS-UPDRS IV-4.3</i> =0) Treatment: simple (1-2 dopaminergic drugs) Cognitive impairment: slight to no impairment (<i>MDS-UPDRS I-1.1</i> ≤1)
<input type="checkbox"/> Moderate	H&Y =2.5-3 Finger tapping: substantial impairment (<i>MDS-UPDRS III-3.4</i> ≥2) Gait: independent walking but with substantial impairment (<i>MDS-UPDRS III-3.10</i> =2) Postural instability: presence of slight to mild postural instability (<i>MDS-UPDRS III-3.12</i> =1- 2) Falls: one during last 12 months Dyskinesia: present <1h per day, without functional impact (<i>MDS-UPDRS IV-4.1</i> and <i>MDS-UPDRS IV-4.2</i>) Motor fluctuations: present < 2 hours per day (<i>MDS-UPDRS IV-4.3</i>) Treatment: complex treatment (more than 2 dopaminergic drugs) Cognitive impairment: mild to moderate (<i>MDS-UPDRS I-1.1</i> =2-3)
<input type="checkbox"/> Advanced	H&Y =4 Gait: requires an assistance device for safe walking but not a person (<i>MDS-UPDRS III-3.10</i> =3) Postural instability: moderate to severe (<i>MDS-UPDRS III-3.12</i> ≥3) Falls: recurrent (>1 fall during last 12 months) Dyskinesia: present ≥1h per day or with functional impact (<i>MDS-UPDRS IV-4.1</i> and <i>MDS-UPDRS IV-4.2</i>) Motor fluctuations: present ≥2 OFF hours per day (<i>MDS-UPDRS IV-4.3</i>) Functional impairment: needs help with some daily life activities (<i>FMQ-item 1</i>) Treatment: ≥5 doses of L-DOPA per day or advanced therapy Cognitive impairment: severe (<i>MDS-UPDRS I-1.1</i> =4)
<input type="checkbox"/> Late	H&Y =5 Gait: cannot walk at all or only with another person's assistance (<i>MDS-UPDRS III-3.10</i> =4) Functional impairment: needs constant help with daily life activities (<i>FMQ-item 1</i>)

Name and Signature

Stamp

Date

Patient consent

I agree to be included in the integrated care network Réseau de Compétences Maladies Neurodégénératives - ParkinsonNet (RdC- MN).	<input type="checkbox"/>
I agree to be contacted by the care management team for the purpose of my enrolment in the Réseau de Compétences Maladies Neurodégénératives - ParkinsonNet (RdC- MN).	<input type="checkbox"/>
I authorise the transmission and exchange of the enrolment form between my treating doctor and the ParkinsonNet professionals for the purpose of my enrolment in the Réseau de Compétences Maladies Neurodégénératives - ParkinsonNet (RdC- MN).	<input type="checkbox"/>
I agree that this registration form and, if available, the medical report written by my neurologist, will be automatically transferred to the DSP (Dossier de Soins Partagé), if technically possible.	<input type="checkbox"/>

Name and Signature

Date