

Vital Information For The Care of Individuals With Parkinson's Disease

Name: _____

My Birthdate: _____

Family Contact: _____

Phone#: _____

My Neurologist: _____

Phone#: _____

My Primary Care Doctor: _____

Phone#: _____

I have Parkinson's disease. I am providing you the following information to assist you in my care. Please contact _____ with questions you have about my care.

Characteristics of My Parkinson's Disease

The following checked items are motor and non-motor symptoms that I commonly experience:

Motor Symptoms

- Tremor
- Slowness of movement
- Rigidity
- Trouble walking
- Poor Balance
- Falls
- Freezing episodes (trouble getting started or suddenly not able to walk)
- Speech problems (soft voice or slurred words)
- Trouble swallowing
- Dyskinesias (involuntary movements)
- Fluctuations in my symptoms related to timing of medication

Non-motor Symptoms

- Depression
- Anxiety
- Fatigue
- Thinking problems
- Hallucinations
- Difficulty urinating
- Constipation
- Excessive sweating
- Lightheadedness when I stand up
- Drooling
- Trouble sleeping
- Restless legs
- Vivid dreams

Additional Comments: _____

I have a DBS (deep brain stimulator) implant manufactured by:

- Medtronic (800) 707-0933
- Boston Scientific (833) 327-4636
- Abbott/St. Jude (800) 727-7846

Questions should be directed to the individual who programs my DBS:

_____ at _____ or to the company listed above.

WARNINGS: Diathermy (therapeutic ultrasound) is completely contraindicated in people with DBS implants. MRI can only be done in some individuals and following very strict guidelines. MRIs should be done only at a DBS center. Call the manufacturer listed above for the guidelines. CT scans and X-rays are permitted.

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Situations that may make my Parkinson's worse:

- 1) **Not getting my Parkinson's medications at the correct time**
- 2) **A new illness, usually an infection (such as pneumonia, urinary tract infection)**
- 3) **Physical or emotional stress, lack of rest, prolonged immobility**
- 4) **Taking Sinemet (carbidopa/levodopa) with high protein meals (in some individuals only)**
- 5) **Taking incompatible medications***

- ***Medications that should not be given to a person with Parkinson's disease (this is not a complete list):** haloperidol (Haldol), chlorpromazine (Thorazine), thioridazine (Mellaril), thiothixene (Navane), fluphenazine (Prolixin), metoclopramide (Reglan), prochlorperazine (Compazine), promethazine (Phenergan).
- Selegiline (Eldepryl), selegiline HCL (Zelapar), safinamide (Xadago), and rasagiline (Azilect) are MAO-B inhibitors and may interact with several medications such as antidepressants, narcotic pain killers, and decongestants.
- If antipsychotic medication is necessary, clozapine (Clozaril) which requires regular laboratory monitoring, quetiapine (Seroquel), or pimavanserin (Nuplazid) are the preferred medications.

My Medication Schedule

It is very important I get my Parkinson medications **promptly** at the times specified. If this is not possible please request an order from my admitting physician authorizing me or my care partner to administer my own medication. The accurate timing of my medication improves my ability to function and participate in my own care. Interruption in my medication routine can make me more dependent on nurses and family members and delay my recovery.

List of My Medications

Name of Medication and dosage	Time						
	# of pills						

Allergies: _____

Comments: _____

I have an advance directive

I have a Durable Power of Attorney for Healthcare