

Medical Questionnaire

MULTIPLE SCLEROSIS

Description: An autoimmune disease that affects the brain and spinal cord.

Age of client: _____

Diagnosis is: Suspected Definite

If suspected, please provide details: _____

Date of diagnosis: _____

Type:

Relapsing- remitting

Progressive

Current symptoms: _____

Current medications and dosage: _____

Date of last attack: _____ Frequency of attacks: _____

Any complications: _____

Degree of disability: _____

Use of any assistive aids:(e.g., cane, walker, wheelchair): _____

Employment status: _____