NEUROLOGIST CHECKLIST – Initial Visit

REDCap ID/Study ID: _____________ / ____________  Date: __________________

☐ Complete Medical History
  ☐ History of Parkinson’s disease
    o Recent hospitalizations or other complications
  ☐ Patient and Caregiver Goals of Care
    o How define quality of life
    o Worries about the future/Fears
    o Sources of support and meaning
    o If caregiver present – any issues of safety, overwhelmed, burnt-out, own health concerns
    o Educational needs
    o Status of Advance Care Plans/Documentation
    o Specific Goals of Care

☐ Review of Systems
  o Psychiatric Symptoms (Anxiety and Depression)
  o Behavioral Issues and Psychosis
  o Edmonton Symptoms Assessment Scale PD
  o Falls, balance and mobility
  o Swallowing, sialorrhea and nutrition (weight changes)
  o Other Symptoms

☐ Review Medications
☐ Allergies and medication side effects
☐ Past Medical and Surgical History
☐ Social History
  o Current Living Situation
☐ Family History

☐ Physical Examination
  ☐ Review orthostatic vital signs and weight
  ☐ Motor exam (UPDRS)

☐ Assessment
  ☐ Review Prognosis and Disease Stage
  ☐ Reflect Goals

☐ Plan
  ☐ Safety issues (e.g. home safety, abuse, driving)
  ☐ Medication changes
  ☐ Referrals for other services
  ☐ Heads up to other team members
    o Need for Palliative Care Referral (in clinic or outside)
      o Complex symptom management (e.g. pain)
  ☐ Follow-up plan including issues for phone call

Signature: _______________________________  Date: __________________
NEUROLOGIST CHECKLIST – Return Visit

REDCap ID/Study ID: _____________ / ____________  Date: ______________

☐ Interval Medical History
  o Any interval events (e.g. UTI)
  o Changes in functional status
  o Patient and Caregiver Goals of Care
    o Any changes/updates needed to goals
    o Any new issues from caregiver perspective
  o Review of Systems
    o Psychiatric Symptoms (Anxiety and Depression)
    o Behavioral Issues and Psychosis
    o Edmonton Symptoms Assessment Scale PD
    o Falls, balance and mobility
    o Swallowing, sialorrhea and nutrition
    o Other Symptoms
  o Review Medications
  o Social History
    o Changes in living situation

☐ Physical Examination
  o Any change in weight; repeat orthostatic vital signs if relevant
  o Motor exam (UPDRS)

☐ Assessment
  o Review Prognosis and Disease Stage
  o Reflect Goals

☐ Plan
  o Safety issues (e.g. home safety, abuse, driving)
  o Medication changes
  o Referrals for other services
  o Heads up to other team members
  o Need for Palliative Care Referral (in clinic or outside)
    o Complex symptom management (e.g. pain)
  o Follow-up plan including issues for phone call

Signature: _______________________________  Date: ______________
SOCIAL WORKER CHECKLIST: Initial Visit

REDCap ID/Study ID: ___________/ ____________  Date: ____________

☐ SUPPORT SITUATION FOR PATIENT:
  □ Partner  
  □ Family  
  □ Friends  
  □ Neighbors

☐ ASSESSMENT OF CURRENT LIVING ENVIRONMENT:
  Independent
  □ Address safety in home - Physical, emotional and sexual abuse  
  □ System to prepare medications, Dr. appointments  
  □ Adaptive equipment  
  □ Assistance at home: Home health, R.N., C.N.A., P.T., O.T.  
  □ Has there been a home safety evaluation  
  □ Non-medical Care  
  □ Transportation  
  □ Mental Health Support

☐ LONG TERM CARE NEEDS:
  □ Assisted Living/Skilled Nursing  
  □ Medication plan at facility  
  □ Response time: Are needs being met  
  □ Transportation, adaptive equipment  
  □ Hospice

☐ CAREGIVER DISTRESS:
  □ Assessment of Partner's physical and emotional health,(abuse by P.W.P)  
  □ Resources in the community for respite care, Adult Day Care Programs  
  □ Support group for Caregiver  
  □ Mental health support system, i.e. Psychologist, counselor  
  □ Back up plan to care for P.W.P. if unable to.

☐ FINANCIAL ISSUES AND CONCERNS:
  □ Employed currently - Assess if have short term - long term insurance  
  □ Health Insurance coverage  
  □ Medicare  
  □ Medicaid eligibility  
  □ Qualifications for Social Security Disability Income or Supplemental Security Income
PLAN:

Referrals for resources in the community:
- Elder law attorney for Power of Attorney, Guardianship, Conservatorship, finances, Disability Denials
- Funding assistance for medications, medical equipment
- Support groups
- Local Parkinson Association
- Counselors for chronic illness
- If needed, local county Adult Protection
- Provide educational forums on Parkinson's in the community
- Web sites: Michael J. Fox, Davis Phiney Foundation and National Parkinson Association

Follow up phone call to address further needs of patient and family.

Signature: ___________________ Date: ________________

SOCIAL WORK CHECKLIST: Return Visit

REDCap ID/Study ID: ___________ / ___________ Date: ________________

REVIEW OF SUPPORT SYSTEM CHANGES:
- Partner
- Family
- Friends
- Neighbors

CURRENT LIVING SITUATION:
- Independent
  - Address safety in home - Physical, emotional and sexual abuse
  - System to prepare medications, Dr. appointments
  - Adaptive equipment
  - Assistance at home: Home health, R.N., C.N.A., P.T., O.T.
  - Has there been a home safety evaluation
  - Non-medical Care
  - Transportation
  - Mental Health Support

LONG TERM CARE NEEDS:
- Assisted Living/Skilled Nursing
- Medication plan at facility
- Response time - Are needs being met
- Transportation, adaptive equipment
- Hospice

CAREGIVER DISTRESS:
- Assessment of Partner's physical and emotional health (abuse by P.W.P)
- Resources in the community for respite care, Adult Day Care Programs
- Support group for Caregiver
- Mental health support system Psychologist, counselor
- Back up plan to care for P.W.P if unable to.

FINANCIAL ISSUES AND CONCERNS:
- Employed currently - Assess if have short term - long term insurance
- Health insurance coverage
- Medicare
- Medicaid eligibility
- Qualifications for Social Security Disability Income or Supplemental Security Income

If moved to Assisted Living, S.N.F., or Hospice since last visit, address eligibility for qualifications for
MEDICARE.

PLAN:

Referrals for resources in the community:

- Elder law attorney for Power of Attorney, Guardianship, Conservatorship, finances, Disability Denials
- Funding assistance for medications, medical equipment
- Support groups
- Local Parkinson Association
- Counselors, Psychologists for chronic illness
- If needed, local county Adult Protection
- Provide educational forums on Parkinson's in the community
- Web sites: Michael J. Fox, Davis Phiney Foundation and National Parkinson Association

Signature: ___________________________ Date: ________________

SPIRITUAL CARE CHECKLIST: Initial and Return* Visits

REDCap ID/Study ID: _____________ / ______________  Date: ________________

Spiritual Wellbeing

- Anger, frustration
- Fear, anxiety
- Guilt, feeling like a burden
- Grief, sadness, depression
- Demoralization, sense of helplessness

Sources of Stress

- Physical
- Emotional
- Social
- Spiritual

Sources of Meaning

- Purpose, happiness, gratitude, and joy
- Belief system, values, importance of faith and/or spirituality

Sources of Support

- Primary caregiver
- Family
- Other relationships
- Faith group, friends, and/or community groups
- Personal strengths and positive qualities
- Stress reduction practices and activities
- Spiritual practices and/or rituals

Hopes

- Goals and hopes
- Life completion tasks
- Personal and relational life closure

Care Plan and Recommendations

- Continued spiritual support
- Referral to others: counselor, faith and/or support group
- Education on practices and activities, coping

*For follow-up/return visits: Review for any changes

Signature: ___________________________ Date: ________________
NURSE CHECKLIST – New and Return Visits

REDCap ID/Study ID: _____________ / _____________  Date: ________________

☐ Medication reconciliation at beginning of visit

☐ Primary concerns for patient (What should we focus on today?)

☐ Primary concerns for caregiver (if present)

☐ Health care proxy designation and documentation

☐ Advanced care planning and documentation

☐ Home safety and home health care needs

☐ Assess for home palliative care or hospice needs

☐ Nutritional status and diet

☐ MOCA (for baseline, 6 and 12 month visits)

☐ For high risk patients [e.g., bedbound or incontinent]
  ☐ Assess skin integrity
  ☐ Need for home care for wound or skin care

Signature: ______________________________  Date: ________________

Appendix 4 Clinic checklists