

ASSOCIATED NEUROLOGICAL SPECIALTIES

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Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

CHIEF COMPLAINT-HANDS SHAKE (TREMOR)

1. How long have you had the tremor?
2. Is the tremor both hands or one?
3. If it is in both hands, did it start at the same time?
4. Does your head shake?
5. Is the tremor worse when your hands are still or worse when you use your hands?
6. Did you ever notice alcohol decreases the tremor?
7. Is there a family history of tremor?
8. Is there a family history of essential tremor?
9. Is there a family history of Parkinson's disease?
10. Have you ever had any diagnostic testing?
11. Have you ever tried any medication? \_\_\_\_\_ If so, what medication?
12. Have you noticed any stiffness or difficulty getting up out of a chair?
13. Has your hand writing changed and gotten smaller?

**CHIEF COMPLAINT-HANDS SHAKE (TREMOR) CONTINUED:**

14. Do you feel stiffer and more rigid?

15. Does the tremor interfere with your lifestyle?

16. Is the tremor bad enough that you would like therapy?

17. Do you have any questions about your tremor that you want answered?