

Tremor Intake Questionnaire

Please complete before your consultation with Dr. Bari. Type into the fields or print and write. Bring it to your visit with your spiral test sheet.

About you

Name Date of birth

Phone Email

Referring physician / neurologist

Your tremor

Which hand do you write with? ☐ Right ☐ Left ☐ Either

Which side shakes? ☐ Right ☐ Left ☐ Both Worse side:

Age when the tremor began Years with tremor

Where does it show? ☐ Hands ☐ Head ☐ Voice ☐ Legs ☐ Jaw / chin

When is it worst? ☐ Using my hands (holding a cup, writing) ☐ At rest, hands in my lap
☐ Holding a posture (arms out) ☐ Stress or caffeine

Does anyone in your family have tremor? ☐ Yes ☐ No ☐ Not sure

Who?

Does a glass of wine or a drink calm the tremor? ☐ Yes ☐ No ☐ I do not drink

Medications you have tried for tremor

For each one, mark whether you tried it and how it worked.

	Tried	Helped	Did not help	Side effects / why stopped
Propranolol (Inderal)	☐	☐	☐	
Primidone (Mysoline)	☐	☐	☐	
Gabapentin (Neurontin)	☐	☐	☐	
Topiramate (Topamax)	☐	☐	☐	
Carbidopa-levodopa (Sinemet)	☐	☐	☐	
Other:	☐	☐	☐	

Effect on your life

Is the tremor disabling, or does it significantly affect your quality of life? ☐ Yes ☐ No

Which activities are hardest? (eating, drinking, writing, dressing, work, hobbies, social situations)

Tremor Intake Questionnaire (continued)

What would you most like treatment to give back to you?

Blood thinners and medical history

Do you take a blood thinner or antiplatelet medicine? ☐ Yes ☐ No

☐ Aspirin ☐ Warfarin (Coumadin) ☐ Clopidogrel (Plavix) ☐ Apixaban (Eliquis)

☐ Rivaroxaban (Xarelto) ☐ Dabigatran (Pradaxa) ☐ Other:

Why do you take it? (atrial fibrillation, stent, clot, stroke, valve)

Other major medical conditions (heart, lung, kidney, bleeding disorders, cancer, prior brain surgery, pacemaker)

Have you ever had an MRI? ☐ Yes ☐ No

Metal implants or devices in your body?

Current medications (all)

Signs that could point to Parkinson's disease

Check any that apply. These help Dr. Bari tell essential tremor from Parkinson's tremor.

- | | |
|---|--|
| ☐ Tremor when the hand rests in my lap | ☐ Slowness, small steps, or shuffling |
| ☐ Stiffness or rigidity in an arm or leg | ☐ Handwriting has become smaller |
| ☐ Less facial expression or softer voice | ☐ Loss of sense of smell |
| ☐ Acting out dreams during sleep | ☐ New constipation |
| ☐ Falls or trouble with balance | ☐ Symptoms clearly on one side |
| ☐ Told I may have Parkinson's disease | |

Prior procedures and other treatments

- | | | |
|--|--|---|
| ☐ Botox injections for tremor | ☐ Deep brain stimulation | ☐ Focused ultrasound |
| ☐ Radiosurgery | ☐ Other brain or spine surgery: | <input type="text"/> |

Anything else

Thank you. Please bring this form and your spiral test sheet to your visit, or send them ahead through the office when asked.

This form is for your consultation only. It does not create a patient relationship, and completing it does not determine eligibility for any treatment.
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