

**Chief Complaint:**

**HPI:**

**Assessment of Prior Viral Illnesses/Immunizations:**

- history of chicken pox or immunization (YES/NO)
- history of EBV/mononucleosis (YES/NO)
- history of herpes (YES/NO)
- history of recent immunizations (YES/NO)

**MS/Neuroimmunology-targeted ROS:**

- vision: no diplopia, no pain with eye movements, no color desaturation
- speech/swallowing: no dysarthria, no dysphagia
- motor: no weakness
- sensory: no numbness
- bowel/bladder: no urgency/frequency, no hesitancy or incomplete voiding, no incontinence; no constipation
- gait: no unsteadiness, no falls
- depression/anxiety: denies

**Other ROS:**

**PMH:**

**PSH:**

**Social History:**

- Country of Birth:
- Travel outside the United States in the last two years (YES/NO)
- lives ...
- works as a ...
- highest level of education is ....
- Tobacco:
- EtOH:
- Illicit drugs:
- Exercise:

**Family History:** (including any history of MS or other autoimmune illnesses – lupus, RA, SS, etc.)

**List of DMT/Immunosuppressive agents:** medication name, dose, frequency, and dates used

**Other Medications:**

**Physical Exam:**

Vitals:

Gen: NAD. Well appearing.

HEENT: Moist mucous membranes. Non-icteric sclera.

Neck: Supple.

Skin: Warm and dry

CV: RRR

Ext: No clubbing, cyanosis, or edema.

**Neurologic Exam:**

Mental Status: Alert and oriented x3. Attention is intact. Memory and recall are intact. There is no evidence of neglect. There is no apraxia. Language testing shows normal naming, repetition, fluency, and comprehension. Fund of knowledge is intact.

Cranial Nerves: Pupils are equal and reactive to light. Eye movements are normal with smooth pursuits and quick saccades. Funduscopic exam demonstrates sharp optic discs and normal vasculature. Visual acuity is intact. Visual fields are full to confrontation. Facial sensation is symmetric to light touch. Facial activation is symmetric and full. Hearing is intact to conversation. Palate elevates symmetrically and uvula is midline. Shoulder shrug is 5/5 power bilaterally. Tongue is midline.

Motor: Bulk is normal. There is no pronator drift. Muscle power is 5/5 symmetrically in proximal and distal muscle groups of all extremities.

Sensory: Pinprick, temperature, vibration, proprioception, and fine touch were symmetric and intact.

Reflexes: Biceps, triceps, brachioradialis, patellar, and achilles reflexes are 2+ and symmetric. Toes are down-going to plantar stimulation.

Coordination: Finger-to-nose and heel-to-shin movements are smooth, without ataxia or dysmetria.

Gait: narrow-based, normal

**T25FW (Timed 25-foot walk) two trials for each patient:**

Time 1:

Time 2:

**Other Studies:**

Imaging: \*\*\*

Labs: \*\*\*

Other Studies: \*\*\*

**Impression/Plan:**

Patient is a \*\*\* year-old (RIGHT/LEFT)-handed (MAN/WOMAN) with \*\*\*.  
his neurologic exam is significant for \*\*\*  
Prior MRI brain reviewed and notable for \*\*\*

Overall, his clinical history and exam is consistent with a diagnosis of \*\*\*.

Disease Management:

Symptom Management:

Return to clinic in \*\*\* months.

Discussed with attending Dr. \*\*\*.