

Multiple Sclerosis Test

Healthcare Provider Information		
Name:		
Specialization:		
Contact Information:		
Patient Information		
Name:		
Gender:	Age:	
Date of Evaluation:		
Clinical History and Symptoms		
Symptom Onset:		
Presenting Symptoms: <input type="checkbox"/> Visual disturbances <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Balance and coordination issues <input type="checkbox"/> Other:		<input type="checkbox"/> Sensory changes <input type="checkbox"/> Fatigue <input type="checkbox"/> Cognitive changes
Physical and Neurological Examination		
Motor Function:	Sensory Function:	
Coordination and Gait:	Visual Function:	
Cognitive Assessment:	Other Neurological Findings:	

Diagnostic Tests	
1. MRI of the Brain and Spinal Cord	
Findings:	
2. Cerebrospinal Fluid (CSF) Analysis	
Oligoclonal Bands: <input type="checkbox"/> Present <input type="checkbox"/> Absent	
IgG Index:	
3. Evoked Potentials	
<input type="checkbox"/> Visual Evoked Potentials (VEP) <input type="checkbox"/> Somatosensory Evoked Potentials (SSEP) <input type="checkbox"/> Brainstem Auditory Evoked Potentials (BAEP)	Findings:
4. Blood Tests	
To rule out other conditions with similar symptoms.	
Diagnosis	
Preliminary Diagnosis:	Diagnostic Criteria Used:
Treatment and Management Plan	
Disease-Modifying Therapies (DMTs):	
Symptomatic Treatments:	

Treatment and Management Plan

Rehabilitation Services:

Patient Education and Support:

Follow-Up and Monitoring

Next Appointment: Date:

Time:

Monitoring Plans:

Provider's Notes

Additional Observations:

Recommendations for Specialist Consultation: