

MS Patient Review Proforma

Patient information			
Patient name:		Patient number:	
Date of call:		Time of call:	
Member of MS team completing appointment:			

Contact details			
Email:		Change:	
Mobile:		Change:	
Landline:		Change:	
Representative:		Change:	

Clinical context				
Age on date of call:		MS type:		
MS start date:		MS diagnosis date:		
Last appt date:		Last appt type:		
Last F2F appt:		Seen by:		
Current DMT:		Previous DMT:		
If not currently on a DMT, why not?				
Last MRI date:				
iMed EDSS score:		Date of EDSS:		
Your MS Questionnaire returned?	Returned	Patient reported clinic speak EDSS:	Completed:	Yes No
	Not returned		EDSS value:	

Record of changes due to MS since last appointment	
Has your MS changed since the last appointment?	Yes No
Details of any change in MS symptoms. What has been affected and to what degree?	
Nature of change in symptoms/MS impact:	
Management plan instituted because of change:	

Are there any problems with your Disease Modifying Treatments?	Yes No Please detail...		
Management plan instigated following problems linked to DMT use:			
Does label appear accurate?		If no, what is the new label?	

Monitoring				
Next patient review/contact:	Type of review:		Review due in:	
Confirmed monitoring regime:	MRI:			
	BLOODS:			
Has next MRI been arranged?		Date if known or approx. date if not		
Blood Review Completed?	Yes	No	Any areas of concern noted?	Yes No
			If yes, follow up action:	

Clinical Research	
The following clinical trials were discussed:	 None currently appropriate
Willing to be contacted about future clinical research projects?	

Additional investigations/referrals

Investigations to be arranged:		If MRI required, please insert specifics below:
		If other, please specify below:

Referrals:	If other, please specify:
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Additional notes comments/Update of MDT Discussions

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