

Your DBS. Your Discussion.

A discussion guide for Parkinson's patients

1. Background Information

Use this guide to discuss with your movement disorder neurologist whether Deep Brain Stimulation could be a good option for you.

Patient name: Joe Sample Patient Sex: Male Age: 63
Diagnosed with Parkinson's: Yes When: 6 to 10 years Completed by: Myself

2. Symptoms

You reported these symptoms for a duration of at least 5 years.

Resting tremor	<input checked="" type="checkbox"/>	Severe postural instability	<input type="checkbox"/>
Rigidity	<input type="checkbox"/>	Motor fluctuations	<input type="checkbox"/>
Severe freezing of gait	<input type="checkbox"/>	Speech Problems	<input type="checkbox"/>
Slow movement (bradykinesia)	<input checked="" type="checkbox"/>	Shuffle steps	<input type="checkbox"/>
Involuntary movements (dyskinesia)	<input type="checkbox"/>	None	<input type="checkbox"/>

3. Good Quality ON Time Each Day

Indicate when during the day you have good control over your movements by circling the faces for each time of day

	When first waking up	Morning hours	Lake Morning	Afternoon	Late Afternoon	Evening	When going to bed
On Times	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Reported Treatments

	TYPE	BRAND	DOSAGE
Prescription drugs	<u>Carbidopa/levodopa</u>	<u></u>	<u></u>
	<u></u>	<u></u>	<u></u>
	<u></u>	<u></u>	<u></u>

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5. Possible Contraindications

Dementia (e.g. Alzheimer's disease)

Any condition that requires you to take prescription blood thinners, including warfarin

Depression (Severe, untreated or associated with suicidal tendencies)

None of these

Recurrent seizures or stroke

6. Therapy Goals

In the left column, rank the top three treatment goals that you would like to achieve with DBS. Use a 1 to indicate your top priority.

When you get to your appointment, ask your movement disorder neurologist to complete the same exercise in the middle column. After, discuss your results and complete the exercise together in the column on the right.

	What I would like to achieve with DBS	What my neurologist would like me to achieve with DBS	What we both agree is possible to achieve with DBS
Rigidity	_____	_____	_____
Tremor	_____	_____	_____
Slow movements	_____	_____	_____
Uncontrolled movements	_____	_____	_____
Med. reduction	_____	_____	_____
Insomnia	_____	_____	_____
Shuffling	_____	_____	_____
Cognition	_____	_____	_____
Speech	_____	_____	_____
Anxiety	_____	_____	_____
Swallowing	_____	_____	_____
Pain	_____	_____	_____
Other	_____	_____	_____

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7. Your Questions

Important questions to discuss with your movement disorder neurologist. Use this space for notes.

When is the right time to consider DBS?

What are the side effects of my current medication regimen?

Can I expect to reduce my medications as a DBS patient?

What resources are available for caregivers to provide better support and care?

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7. Your Questions, Continued

Important questions to discuss with your movement disorder neurologist. Use this space for notes.

Are there activities I need to avoid if I get DBS?

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If I need to, can I have the DBS system removed?

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Will my insurance pay for my DBS surgery?

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What is the DBS surgery like?

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Disclaimers

This form is not meant to supply a complete list of questions or topics to discuss with your doctor. It is meant to help your discussion with your doctor regarding DBS. Content is for informational purposes only and not meant for product promotion or medical diagnostic. This information does not constitute medical or legal advice, and Boston Scientific Corporation makes no representation or warranty regarding this information or its completeness, accuracy or timeliness. Accordingly, BSC strongly recommends that you consult your physician on all matters pertaining to your health or to address any questions. All trademarks are the property of their respective owners.

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