



---

## Uploaded to VFC Website

▶▶▶ November 2012 ◀◀◀

---

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

[Veterans-For-Change](http://Veterans-For-Change.com)

---

*Veterans-For-Change is a 501(c)(3) Non-Profit Corporation  
Tax ID #27-3820181*

***If Veteran's don't help Veteran's, who will?***

We appreciate all donations to continue to provide information and services to Veterans and their families.

[https://www.paypal.com/cgi-bin/webscr?cmd=\\_s-xclick&hosted\\_button\\_id=WGT2M5UTB9A78](https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=WGT2M5UTB9A78)

---

**Note:**

VFC is not liable for source information in this document, it is merely provided as a courtesy to our members.



**Neurological Disorders, Miscellaneous (Migraine, Tic, Paramyoclonus  
Multiplex, Sydenham's and Huntington's Chorea, and Athetosis)  
Examination**

Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

**A. Review of Medical Records:**

**B. Medical History (Subjective Complaints):**

Comment on:

1. Onset and course - If flare-ups exist, describe precipitating factors, aggravating factors, alleviating factors, alleviating medications, frequency, severity, duration, and whether the flare-ups include pain, weakness, fatigue or functional loss.
2. Current treatment, response, side effects.

**C. Physical Examination (Objective Findings):**

1. If **Migraine**: - Obtain the history of frequency and duration of attacks and description of level of activity the veteran can maintain during the attacks. For example, state if the attacks are prostrating in nature or if ordinary activity is possible.
2. If **Tics and Paramyoclonus Complex**: - Ascertain the muscle group(s) involved and obtain the best possible history of frequency and severity of attacks. State the effects on daily activities.
3. If **Chorea, Choreiform Disorders, etc.**: - Describe manifestations by impairment of strength, coordination, tremor, etc., with particular attention to the effects of the performance of ordinary activities of daily living.

**D. Diagnostic and Clinical Tests:**

1. Include results of all diagnostic and clinical tests conducted in the examination report.

**E. Diagnosis:**

Signature:

Date: