

Please complete this report for your patient.

Date when patient last seen

/ /

1. **Diagnosis(es)** of the conditions. In particular has the diagnosis mentioned on page 3 changed.

2. Please give brief details of history of the condition, and include details of any relevant special investigations

3. **Relevant clinical features** - in particular in relation, to the diagnosis mentioned on page 3 (e.g. rate of progression, recurrence, staging, tumour markers, CD4 count and viral load;bulbar involvement and respiratory and/or heart failure).

4. Is the condition subject to variation? If so, describe how including details and duration of any exacerbations.

5. Treatment - please give details of relevant past, current and planned treatment (with dates) including response (if none or palliative please state).

6. Please give details, IF KNOWN, of the effects of the disabling condition(s) on day to day life;

- (a) Self care - for example, washing, dressing, feeding, using the toilet, continence, and ability to rise from the chair.

- (b) Insight and awareness of danger.

- (c) Ability to get around including pain, gait, balance, breathlessness and visual loss.