

Name, first name:
Birth date:

Source:

PARACLINICAL ASSESSMENT (MRI, continued)

Counting & volumes

Date :

	Low signal T1			T1 / Gadolinium			High signal T2 / PD / FLAIR		
	<= 5mm	> 5 mm	Confluent large	<= 5mm	> 5 mm	Confluent large	<= 5mm	> 5 mm	Confluent large
	BRAIN								
Supratentorial									
Infratentorial									
Volume									

Slice thickness (mm): Technique for volume determination:

	T1 / Gadolinium			High signal T2 / PD / FLAIR		
	<= 5mm	> 5 mm	Multi-segmental	<= 5mm	> 5 mm	Multi-segmental
	SPINAL CORD					
Cervical						
Thoracolumbar						

Comparison

Date :

	Low signal T1			T1 / Gadolinium			High signal T2 / PD / FLAIR		
	New	Enlarging	Smaller undetectable	New	Enlarging	Smaller undetectable	New	Enlarging	Smaller undetectable
	BRAIN								
Supratentorial									
Infratentorial									
SPINAL CORD									
Cervical									
Thoracolumbar									

Atrophy, non conventional techniques

Date :

Atrophy

BRAIN	<input type="radio"/> No <input type="radio"/> Yes	Volume (mm ³): Brain parenchymal fraction: Location:
SPINAL CORD	<input type="radio"/> No <input type="radio"/> Yes	Area (mm ²): Method: Level:

Non conventional techniques

Magnetization transfer imaging (MTI)	Method:	Average MTR:
Spectroscopy	Method:	Average NAA:
Diffusion weighted imaging (DWI)	Method:	Average DC: Average NA:

TREATMENT ASSESSMENT

Date: Day Month Year

No treatment at this date

DISEASE MODIFYING TREATMENTS

Drug name	Posology			Status <i>Started / Ongoing / Stopped</i>	If stopped, reason <small>Scheduled stop Lack of tolerance (local) Lack of tolerance (general) Lack of tolerance (biological) Lack of efficacy Patient's convenience Serious adverse event Other</small>
	Route <i>po / sc / im / iv</i>	Dose per intake	Frequency		
	○—○—○—○			○—○—○	□□□□□□□□
	○—○—○—○			○—○—○	□□□□□□□□
	○—○—○—○			○—○—○	□□□□□□□□

Clinical follow-up			Paraclinical follow-up	
				Normal / Abnormal
Injection site reactions	<i>Pain</i>	<input type="checkbox"/>	Red cells	○—○
	<i>Inflammation</i>	<input type="checkbox"/>	Hemoglobin	○—○
	<i>Hypersensibility</i>	<input type="checkbox"/>	White cells	○—○
	<i>Necrosis</i>	<input type="checkbox"/>	Neutrophils	○—○
Body as a whole	<i>Asthenia</i>	<input type="checkbox"/>	Lymphocytes	○—○
	<i>Headache</i>	<input type="checkbox"/>	Platelets	○—○
	<i>Malaise</i>	<input type="checkbox"/>	AST / ALT	○—○
	<i>Flushing</i>	<input type="checkbox"/>	Creatinine	○—○
Flu-like syndrome	<i>Muscle ache</i>	<input type="checkbox"/>	Uric acid	○—○
	<i>Fever</i>	<input type="checkbox"/>	Inflammatory markers	○—○
	<i>Chills</i>	<input type="checkbox"/>	Urinalysis / blood	○—○
	<i>Sweating</i>	<input type="checkbox"/>	Urinalysis / protein	○—○
Hypersensitivity reactions	<i>Bronchospasm</i>	<input type="checkbox"/>	Electrocardiogram	○—○
	<i>Generalized edema</i>	<input type="checkbox"/>	Echocardiogram	○—○
	<i>Anaphylactic shock</i>	<input type="checkbox"/>	Pulmonar radiography	○—○
	<i>Rash</i>	<input type="checkbox"/>	Respiratory functional tests	○—○
Neuro-psychiatric disorders	<i>Anxiety</i>	<input type="checkbox"/>	Other, specify:	
	<i>Confusion</i>	<input type="checkbox"/>		
	<i>Seizures</i>	<input type="checkbox"/>	Comments	
	<i>Depression</i>	<input type="checkbox"/>		
	<i>Suicidal thoughts</i>	<input type="checkbox"/>		
Digestive disorders	<i>Constipation</i>	<input type="checkbox"/>		
	<i>Diarrhea</i>	<input type="checkbox"/>		
	<i>Abdominal pain</i>	<input type="checkbox"/>		
	<i>Vomiting</i>	<input type="checkbox"/>		
Cardio-respiratory disorders	<i>Dyspnea</i>	<input type="checkbox"/>		
	<i>Laryngitis</i>	<input type="checkbox"/>		
	<i>Chest tightness</i>	<input type="checkbox"/>		
	<i>Hypertension</i>	<input type="checkbox"/>		
	<i>Palpitations</i>	<input type="checkbox"/>		
	<i>Tachycardia</i>	<input type="checkbox"/>		
Menstruation disorders	<i>Irregular menses</i>	<input type="checkbox"/>		
	<i>Menometrorrhagia</i>	<input type="checkbox"/>		
	<i>Oligomenorrhea</i>	<input type="checkbox"/>		
Other, specify:				