

Name, first name:
Birth date:

Source:

PARACLINICAL ASSESSMENT

Day Month Year

MRI

Date :

	T1	T1/Gado	T2/PD/FLAIR(*)	Number of T2/PD/FLAIR lesions		
	Not done Negative Positive	Not done Negative Positive	Not done Negative Positive	Total	Peri-ventricular	Juxta-cortical
BRAIN	Supratentorial			○ < 9, specify exact nb: <input type="text"/> ○ ≥ 9 <input type="checkbox"/> Confluent lesions	○ 0 ○ 1 ○ 2 ○ ≥ 3	○ 0 ○ ≥ 1
	Infratentorial					
SPINAL CORD	Cervical			○ 0 ○ 1 ○ ≥ 2	(*) Tick this box if FLAIR was performed: <input type="checkbox"/>	
	Thoracolumbar					
OPTIC NERVE						

COMPARISON WITH PREVIOUS MRI

• New lesion(s): • Overall: Unchanged, or Improved Worsened

STRONGLY SUGGESTIVE OF MS No Yes Paty Barkhof

EVOKED POTENTIALS

Date :

		Not done	Normal	Abnormal		Not done	Normal	Abnormal
VISUAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRAINSTEM AUDITORY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOMATOSENSORY	Upper limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lower limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR	Upper limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lower limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RIGHT LEFT

CEREBRO-SPINAL FLUID

Date :

White cell count Not done < 2 / mm³ ≥ 2 / mm³, exact number:

Chemistry

	CSF (mg/l)	Serum (g/l)
Total proteins	<input type="text"/>	<input type="text"/>
Albumin	<input type="text"/>	<input type="text"/>
IgG	<input type="text"/>	<input type="text"/>

IgG index:

Oligoclonal banding Unknown No Yes Equivocal