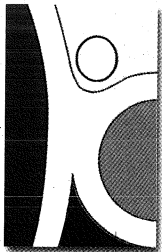


DBS FOLLOW UP NOTE



مستشفى الملك فيصل التخصصي
ومركز الأبحاث

King Faisal Specialist Hospital
& Research Center



برنامج

الإضطرابات الحركية

Movement Disorders
Program

الرمز الداخلي # ٧٦
قسم العلوم العصبية
ص.ب. ٣٣٥٤
الرياض ١١٢١١
المملكة العربية السعودية
هاتف: ٠١ - ٤٦٤٧٢٧٢ - ٣٢٩٧٥
فاكس: ٠١ - ٤٤٢٤٧٦٣

MBC # 76
Dep. Of Neurosciences
P O Box 3354
Riyadh 11211
Saudi Arabia
Tel.: 01- 4647272 (32975)
Fax: 01- 4434763
e-mail: mdp@kfshrc.edu.sa

Name: MRN:
Visit: Post OP / 1 / 3 / 6 / 12 / Month Post OP Date
Dx. : PD / Dystonia / ET / Other:
Site R / L / Bil. Target: VIM / STN / GPI

Hx.:

OFF Sign & Symptoms

ON Sign & Symptoms

Dyskinesia(type / distribution)

ROS (Mental, ENT, eye, respiratory, cardiac, GI, GU, Dermatology,.....)all normal except for those circled

ROS, Comment

Medications:

Latency:.....min Duration of Benefit:.....Hrs % ON:..... % Dyskinesia:.....

Programming time: Start: End:

| | Lt stimulator | | | | | Rt stimulator | | | | | |
|-------------------------------|---------------|-------------|-------------|-------------|-------------|---------------|-------------|-------------|-------------|-------------|---|
| <i>Previous DBS setting :</i> | Amplitude |V | | | | Amplitude |V | | | | |
| | P.W. |μ sec | | | | P.W. |μ sec | | | | |
| | Rate |pps | | | | Rate |pps | | | | |
| | Leads | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | |
| | | C | 0 | 1 | 2 | 3 | C | 0 | 1 | 2 | 3 |

Effect of previous setting (benefit / side effect)

| | Lt stimulator | | | | | Rt stimulator | | | | | |
|------------------------------------|---------------|-------------|-------------|-------------|-------------|---------------|-------------|-------------|-------------|-------------|---|
| <i>End Program -ming setting :</i> | Amplitude |V | | | | Amplitude |V | | | | |
| | P.W. |μ sec | | | | P.W. |μ sec | | | | |
| | Rate |pps | | | | Rate |pps | | | | |
| | Leads | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | |
| | | C | 0 | 1 | 2 | 3 | C | 0 | 1 | 2 | 3 |

Acute effect of this setting (benefit / side effect)

Plan :

Name: _____
Signature: _____