<u>Peripheral sensory disturbance - Template</u>

History
How long have symptoms been present?
<2 weeks \square , 2-6 weeks \square , 6 weeks – 3months \square , 3 – 12 months \square , >12 months \square
Symptoms: Numbness \square , Pain/Burning \square , Tingling \square , Additional weakness \square
Do symptoms result in any limitation in functional activity and if so what?
Symptom Location: Feet/Distal Legs Only □, Feet/Distal Legs and Hands □
Symptom Progression: Week by Week \square , Month by Month \square , 6 Month by 6 Month \square
Diet: Normal □, Vegetarian □
Weekly Alcohol Intake (units): []
Family history of similar symptoms, or of foot deformity: Yes \square , No \square
Examination:
Ankle/Knee Reflexes: absent □, normal □, brisk □
Fine touch/Pin prick/Joint position/Vibration in feet: normal □, impaired □
Bloods: Any significant abnormalities (detail below):
blood glucose □, U&E □, LFT □, B12 □, folate □, TFT □, Viscosity □
Auto antibody screen \square , ANCA \square , Protein electrophoresis \square , Lyme serology \square
Medications & Co-morbidity: Please attach or document below a list of current
medications & significant systemic medical problems