PHYSICIAN-OBTAINED SYMPTOM LIST

NBIRR-01	Date:
Patient Last Name:	First:
Physician Name:	
Have the patients PRIORITIZE their for 1 or as many as they want to list assessing improvement after HBO	
a) Symptom	
status: much worse, worse, no char	nge, better, much better
b) Symptom	
status: much worse, worse, no cha	nge, better, much better
c) d) e) f)	
Neurological Review of Symptoms:	
Constitutional:	
energy level (score 1-10 where 10 i out of bed)	is energy level before TBI, 0 is can't get
Sleep disturbance: (select with radi any detail)	o button and provide a text field to enter
# hours/nite (number) c trouble falling asleep early awakening	omment:

Mood swings: list average mood scale on a daily basis: 10 is best have felt in life, 0 is not wanting to live

Cranial nerve symptoms: (select and then score 1-10 where 10 is so bad can't live with it)

headache
dizziness
nausea
blurry vision
double vision
light sensitivity
other vision disturbance
loss of hearing
tinnitus
vertigo
change in smell
change in taste
trouble enunciating
trouble chewing
trouble swallowing

	trouble swallowing
Sensory:	numbnesstingling
Motor:	weakness in one limb weakness one side or generalized
Cerebellar:	fine motor (using hands) gross motor (tripping, stumbling, imbalance)
Cognitive:	trouble thinking.

trouble trinking, trouble organizing thoughts, decreased speed of thinking, confusion, problems following directions, difficulty expressing thoughts,
word-finding problems,
misplacing/losing things,
problems remembering new information,
problems remembering old information,
losing one's place in thought or conversation,
losing one's place while driving,
staring episodes,
feeling lost or suddenly disoriented,
problems with concentration/attention,
change in personality or behavior noticed by family or friends.

Loss of control of bowels or bladder (yes/no) comment:	_
Painful or swollen joints (yes/no) comment:	