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Month date, Year

Dear Patient,

We are looking forward to serving you. Because the current pandemic is putting unusual strain on our health care system, we have developed a team approach to continue providing you with the best clinical experience. We are fully committed to delivering access to the highest quality of care and state-of-the-art treatment, as well as the opportunity to volunteer to participate in research that may lead to future diagnostic and treatment options. This letter is to introduce the team that will care for you during your upcoming visit us.

First, you will be seen by a **Medical Assistant** who will take your vital signs, including your weight, blood pressure while you are lying or sitting, and then again after you stand for 2 minutes. This will take about 5 minutes.

Second, you will be evaluated by an **Advanced Practice Provider (APP)** [Kimberly Barbush, Diana Hillam, Lindsay Gilbert, Jared Salyards, or Heather Abdalla] or one of our **Neurology Resident physicians**. They will obtain your concerns for today, review your history and medications, conduct exams, and formulate a preliminary treatment plan. This will take about 20-30 minutes.

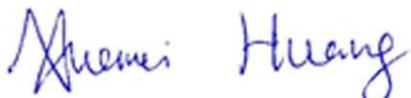
Third, APP [Five specific APP names] or our Neurology Resident will present your concerns and discuss their findings with **Dr. Huang**. Dr. Huang ask you more questions and perform additional examinations, if needed. She will discuss her recommendations and answer your questions. This will take about 10-15 minutes.

Fourth, a APP or **Resident** will wrap up your visit by creating your treatment plan and make sure that it is all clear to you. **One of our schedulers** will help you arrange a follow up visit if needed. This will take about 5-10 minutes.

If you and/or your family members are interested in learning more about research opportunities, a **study coordinator** will contact you, by phone, to provide you with more information about our ongoing studies that might be of interest to you at Penn State Hershey.

To maximize our ability to answer your questions most efficiently in your upcoming visit, I have attached one page that I hope you will fill out and bring with you to your visit.

Sincerely,



Xuemei Huang, MD, PhD  
Chief, Division of Movement Disorders

**To better tailor your experience during your visit, please let us know:****1) What is the most important question/concern that you would like to discuss today?****2) What symptoms are you experiencing? Circle all the words that apply:**

Motor Symptoms	Sensory Symptoms	Mood and Personality	Thought processes	Autonomic function	Sleep Disorders	Nutrition related
Slow in movement	Low sense of smell	Sad Anxious	Slow in thinking	Lightheaded when standing	Trouble falling asleep	Overeating
Stiffness Rrigidity	Low sense of taste	Lack of motivation	Trouble concentrating	Urination urgency	Frequent waking up	Low appetite
Tremor	Body pains	Irritable	Forgetful	Constipated	Vivid dreams	Weight gain
Imbalance Falls	Numbness Tingling	Obsession Compulsions	Delusion Hallucination	Swallow Speech	Acting out in dreams	Weight loss

**Among all of above symptoms, which one bothers you most:****3) Are you independent in your activity of daily living?  Yes  No. If no, what challenges you most?****4) What medications are you currently taking for your symptoms? If you can, please fill out the following table as specific as possible. If you cannot, no worry, we will work with you to sort it out.**

Medication		Drug time and number (#) of pills								
Drug Name	Dose (mg) Per pill	Morning			Afternoon:			Evening		
		____am	____am	____am	____pm	____pm	____pm	____pm	____pm	____pm
	____mg	#	#	#	#	#	#	#	#	#
	____mg	#	#	#	#	#	#	#	#	#
	____mg	#	#	#	#	#	#	#	#	#
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	____mg	#	#	#	#	#	#	#	#	#

**5) Have you been working with following services?**

Services	Check one	If Yes, when?	If Yes, is (was) it helpful?
Physical Therapy	<input type="checkbox"/> Yes, <input type="checkbox"/> No		
Occupational Therapy	<input type="checkbox"/> Yes, <input type="checkbox"/> No		
Speech Therapy	<input type="checkbox"/> Yes, <input type="checkbox"/> No		
Social workers/services	<input type="checkbox"/> Yes, <input type="checkbox"/> No		
Other Therapy or programs:			

**6) Are you and/or your family members interested in learning about research opportunities?**

- Yes, I want to hear about research opportunities.
- I do not know the answer and want to learn more about what this question is about.
- No, I do not want to hear about research opportunities.

**To understand your past experiences with treatment, please let us know your response to the following drugs. [describe in the space provided if you wish]:**

1) **Have you ever been treated with Levodopa** (e.g., Sinemet, Stalevo, Parcopa, Rytary, Duodopa, Inbrija, Bendopa, Larodopa)?

Yes, good response: \_\_\_\_\_  
 Yes, poor response or side effects \_\_\_\_\_  
 Don't know: \_\_\_\_\_

2) **Have you ever been treated with a dopamine agonist** [e.g. pramipexole (Mirapex), ropinirole (Requip), rotigotine (Neupro), apomorphine (Apokyn), pergolide (Permax), bromocriptine (Parlodel)?

Yes, good response: \_\_\_\_\_  
 Yes, poor response or side effects \_\_\_\_\_  
 Don't know: \_\_\_\_\_

3) **Have you ever been treated with a monoamine oxidase-B (MAO-B) inhibitor or adenosine A<sub>2A</sub> receptor inhibitor** [e.g. selegiline (Eldepryl), rasagiline (Azilect), or adenosine A<sub>2A</sub> receptor inhibitor [istradefylline (Nourianz)]?

Yes, good response: \_\_\_\_\_  
 Yes, poor response or side effects: \_\_\_\_\_  
 Don't know: \_\_\_\_\_

4) **Have you ever been treated with a memory enhancer** [e.g., donepezil (Aricept), rivastigmine (Exelon), galantamine (Razadyne), memantine (Namenda)?

Yes, good response: \_\_\_\_\_  
 Yes, poor response or side effects: \_\_\_\_\_  
 Don't know: \_\_\_\_\_

5) **Have you ever been treated with antidepressants** [e.g., citalopram (Celexa), escitalopram (Lexopro), mirtazapine (Remeron), venlafaxine (Effexor), duloxetine (Cymbalta), trazodone (Desyrel, Oleptro)?

Yes, good response: \_\_\_\_\_  
 Yes, poor response or side effects: \_\_\_\_\_  
 Don't know: \_\_\_\_\_

6) **Have you ever been treated with orthostatic hypotension drugs** [e.g., fludrocortisone (Florinef), midodrine (Proamatine), droxidopa (Northera), Atomoxetine (Stratterra)?

Yes, good response: \_\_\_\_\_  
 Yes, poor response or side effects: \_\_\_\_\_  
 Don't know: \_\_\_\_\_

7) **Have you ever been treated with drugs for hallucination** [e.g. quetiapine (Seroquel), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), pimavanserin (Nuplazid)?

Yes, good response: \_\_\_\_\_  
 Yes, poor response or side effects: \_\_\_\_\_  
 Don't know: \_\_\_\_\_

8) **Have you ever been treated with other drugs** [e.g., amantadine (Symmetrel, Gocovri, Osmolex ER), rimantadine (Flumadine)?

Yes, good response: \_\_\_\_\_  
 Yes, poor response or side effects: \_\_\_\_\_  
 Don't know: \_\_\_\_\_