**MEDICAL DETAILS**

NAME, Michel BARBANT AGE, 64

Male.

1. PRESENT ILLNESS:

 List of present health problems with duration of each:

|  |  |  |
| --- | --- | --- |
| NO | DESCRIPTION | DURATION |
| 01. | Parkinson disease |  Since 2001, diagnosed 2003 |
| 02. |  |  |
| 03. |  |  |
| 04. |  |  |
| 05. |  |  |
| 06. |  |  |

1. A BRIEF DESCRIPTION OF PRESENT ILLNESS : dyskinesia, constant fatigue, cramps.

 How it started and progressed ?

 Onset of Parkinsonian rest tremors and dizziness

1. DETAILS OF MEDICAL INVESTIGATIONS DONE, IF ANY:

Three different neurologists after a clinical examination of one hour each.

1. DETAILS OF TREATMENTS DONE IF ANY:

Pramipexol plus serotonine at first.

1. CURRENT MEDICATION :

Ldopa and carbidopa 100/10, seven times a day.

Ldopa and carbidopa 100/25, idem.

Pramipexol greatly decreased, three times at 0,70gr.

Amantadine

Ldopa and Benseradine 100/25 dispersable in water.

1. ALLERGIES IF ANY :

None.

1. STATE OF DIGESTION :

|  |  |  |  |
| --- | --- | --- | --- |
| APPETITE  | NORMAL  | LESS  | MORE  |
|  |  |  |
| BOWEL HABITS | REGULAR  |  |  |
|  |  |
| URINE QUANTITY | ADEQUATE  |   | MORE  |
|  |  |  |
| SLEEP  |   | DISTURBED  |  |
|  |  |

1. MENSTRUATION: N/A

|  |  |  |  |
| --- | --- | --- | --- |
| Cycle | Regular | Irregular |  |
|  |  |
| Flow  | Normal | Less  | More  |
|  |  |  |
| Associated with  | Pain  | Clots  | Head-ache  |
|  |  |  |

|  |  |
| --- | --- |
| Married |  |
|   |  |

1. MARRITAL STATUS

10 DIET

|  |  |  |  |
| --- | --- | --- | --- |
| DIETARY HABITS | VEGETARIAN |  |  |
|  |  |
| MODE OF INTAKE | REGULAR |  |  |
|  |  |
| ADDICTIONS IF ANY  |  |  |  |
|  |  |  |

1. Other important information if any :

**Daily routine Underline Your Answer**

Get up from bed at 6.00H.

Wake up without alarm

Are you rested, happy and alert? Happy and alert but not

 rested

**I sleep four times per day**

Do you fall asleep easily? Yes

Do you usually sleep all night without interruptions? No

Do you sleep daytime ? Yes

Do you put aside time for yourself every day? Yes

Do you practise any form of relaxation or meditation? Yes

**Apetite – digestion – bowel movement**

Do you empty your bowel daily without difficulty? Yes

At what time? Early morning but varies

Is the stool often: Hard/welformed

Do you sometimes have altering constipation – diarrhea ? Not often

Do you have **gases** (or swollen stomach) ? Yes, very often

 all day long.

Do you drink something directly when you get up ? No

Do you feel real hunger – before breakfast? No

 before lunch? Sometimes when I was

 very active during the morning.

 before dinner? No

Do you often feel the urge for something in between meals? No

Do you usually eat even if you are not really hungry? No

Do you feel heaviness, drowsiness or tired after eating ? No

What are your common mealtimes ? Regular

Breakfast at ……6:00H…………………...... Lunch at……13:00H……………………..

Dinner at……19:30H…………………In between meals ……….…16:00H.. ….…….. ….…..….

**What do you usually eat** (take the last few days as an example)?

Brekfast… Fruits, goat cheese or of ewe.

Lunch… Fruits, green juice, raw food.

Dinner… Raw or cooked vegetables.

Snacks… Walnuts, dates, fruits, granola.

What do you drink with food? Water

 Between meals? Water

If you drink coffee – how many cups a day? **None**

Is it something that you do not like or do not feel well of?

**Fat or fried food**. Tastes: Sweet sour salt pungent **bitter astringent**

Other ……………………………………………….…………………………………………

Is there something you especially like ? Sweet puppy pie.

What kind of sweets do you usually eat? Cookies icecream sweets chocolate **fruit** **other**

Is this with meals or separate? Both

Do you regularly use: (?) Curd yoghurt cheese milk cream margerine meat fish egg

**I seek to be cure of Parkinson disease to free me of a constant fatigue, shivers and cramps import little, even not at all. Many thanks.**