



Patient Information Form

Medical Conditions

Date of Symptom Onset

Date of Diagnosis

| Medical Conditions | Date of Symptom Onset | Date of Diagnosis |
|--------------------|-----------------------|-------------------|
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Medication

Dosage

Purpose of Medication

| Medication | Dosage | Purpose of Medication |
|------------|--------|-----------------------|
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Allergies & Dietary Restrictions

Type of Reaction

| Allergies & Dietary Restrictions | Type of Reaction |
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Health Insurance Information

Primary Care Physician Contact Information

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Additional Patient Information

If yes, explain

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| Does the patient have ports or other implanted medical devices? | |
| Does the patient have a living will or DNR? | |
| Does the patient have a religious affiliation that they'd like to make known? | |
| Is the patient an organ donor? | |

Details of Medical Diagnosis

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| <p>Neuromyelitis Optica Spectrum Disorder (NMOSD): Include an accurate description of what NMOSD is. Consult with your treating physician to confirm that the details you have provided are clear and accurate.</p> | |
| <p>NMOSD Treatment Protocol: Include the treatment protocol(s) that have worked for you previously. Consult with your treating physician if you are uncertain about the medications and dosage.</p> | |

Treating Specialists and Medical Professionals

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Resources

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| Health Union | neuromyelitis-optica.net |
| The Sumaira Foundation | sumairafoundation.org |
| Connor B. Judge Foundation | connorbjudgefoundation.org |
| The Guthy Jackson Foundation | guthyjacksonfoundation.org |
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Notes / Other:

