Information about your health

It is vital that we have a full medical history for each person who donates tissue to the Parkinson’s UK Brain Bank. Please help us collect this information by answering all the questions on this form that apply to you.

1. About you
Full name (print)
Date of birth
Person with Parkinson’s □ Person without Parkinson’s □

2. General Practitioner
Name
Address
Telephone number

3. Parkinson’s nurse
Name
Address
Telephone number

4. Neurologist
Name
Address
Telephone number
5. Assessment of your Parkinson’s

Date of initial diagnosis of Parkinson’s?

What were the first symptoms of Parkinson’s you experienced?

What medications are you taking at the moment?

Brief past medical history. Please tell us about any major illnesses or chronic conditions you’ve experienced e.g. high blood pressure, head injury etc.

Family history. Do any of your immediate family have Parkinson’s or any other neurological condition? If yes – what condition and what is your relationship (e.g. sister)?

Do you smoke? YES ☐ NO ☐

Working life. What have been your main jobs throughout your life (e.g. teacher)?

6. Any other information that you think we should consider

(please continue overleaf if required)