

Patient Name _____	Surgical Path Number _____
MR Number _____	

I. CLINICAL INFORMATION

Age/DOB _____

Sex M / F

Physician _____

Phone Number _____

Working Clinical Diagnosis:

Neurologic Symptoms and Duration:

Muscle weakness Y / N

 Acute or gradual onset

 Which muscles affected

 Proximal / distal

 Distribution: arms / legs / oculopharyngeal / general

 Severity

Muscle tenderness Y / N

Muscle atrophy Y / N

Muscle cramps or pain Y / N

Tendon reflexes: normal / reduced / absent / pathologically brisk

Sensory symptoms

CNS symptoms

Other medical problems

Drug treatment (Steroids? Other?)

Family history of neuromuscular disease

Lab Results:

CPK _____ ESR _____ Aldolase _____ ANA _____ RF _____

Myoglobinuria Y / N

EMG

NCV

PREVIOUS MUSCLE OR NERVE BIOPSY – REPORTS AND SLIDES