

Weight: _____
BP: _____

Physician's Initials

Diseases of the Brain, Spine, Nerves and Muscles

Francisco P. Gomez, M.D.

PATIENT NAME _____ **DOB:** _____

Medication Allergies: _____

Disease Modifying Agent: (Circle all that apply)

Date: _____

MS Medications:

Avonex
Aubagio
Bafiertam
Betageron
Briumvi
Copaxone/Glatiramer acetate
Extavia
Gilenya/Figolimod
IVIg
Kesimpta
Lemtrada

Mavenclad
Mayzent
Ocrevus
Plegridy
Ponvory
Prednisone
Rituximab
Tecfidera/dimethyl fumarate
Tysabri
Vumerity
Zeposia
Other: _____

NMOSD Medications:

Actemra/tocilizumab
Azathioprine/Imuran
Cellcept/Mycophenolate
mofetil
Enspryng/satrazumab
Rituximab
Soliris/Eculizumab
Uplizna
Inebilizumab
Other: _____

If you stopped a medication, when and why? _____

List of Medications: Please include over the counter medicines and vitamins/supplements	Dosage (mg) in each pill	Number of Tablets taken at a time	Number of times per day medicine is taken (1, 2, 3, 4, or 'as needed')

Please allow 48 hours for Medication refills

List of problems you wish to discuss with Dr. Gomez
(Prioritize the most important symptom or problem you are experiencing)

1. _____
2. _____
3. _____