

# Application Form: Multiple Sclerosis

This form can be completed by the applicant, relative, friend or professional.

The application form will give the conductors an overview of your condition and how it impacts on you. Please answer as many questions as you feel able, as this will help to ensure that the initial consultation is meaningful.

If you have any concerns about some questions or feel that you are not able to answer them please leave them blank.

\* Required

## Personal Information

1. Name \*

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2. Title

*Mark only one oval.*

Miss

Mrs

Ms

Mr

Dr

3. Date of birth

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*Example: January 7, 2019*

4. Address \*

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5. Postcode \*

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6. Day contact telephone number \*

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7. Evening contact telephone number

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8. Present/previous occupation

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9. If retired please give date of retirement

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10. Year of diagnosis

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#### Medical Information

11. Which side of your body has been more affected?

*Mark only one oval.*

Left

Right

Both

12. Do you have stiffness?

*Mark only one oval.*

Yes

No

13. Do you have paralysis?

*Mark only one oval.*

Yes

No

14. Do you have tremor?

*Mark only one oval.*

Yes

No

15. Is your vision affected?

*Mark only one oval.*

Yes

No

16. Relevant medication, dosages and timings

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17. Additional medical/surgical information

e.g. high blood pressure, arthritis, joint replacements, accidents

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18. Do you experience pain?

*Mark only one oval.*

Yes

No

19. If you experience pain where do you feel it?

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26. What elements/ symptoms of the condition do you feel are the most disabling for you?

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The following questions relate to activities of daily living and how you feel your condition has affected you and your quality of life.

27. Do you? \*

Mark only one oval per row.

	Not at all	With help	On your own with difficulty	On your own easily
Walk around outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climb stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get in and out of a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk over uneven ground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel on public transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage to feed yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage to make yourself a hot drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take hot drinks from one room to another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do the washing up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make yourself a hot snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage your own money when you are out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wash small items of clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do your own housework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do your own shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do a full clothes wash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read newspapers or books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use the telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write letters or use a computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go out socially	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage your own garden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions are taken from an approved questionnaire for people with multiple sclerosis (MSQOL-54). We have chosen these as an appropriate tool to help us prepare for your initial consultation.



29. Do you have problems with bladder continence? \*

Mark only one oval.

Always

Occasionally

Never

30. Do you use a catheter? \*

Mark only one oval.

Yes

No

31. Do you have problems with bowel continence? \*

Mark only one oval.

Always

Occasionally

Never

32. Where do you feel you are at the moment? \*

Mark only one oval.

0      1      2      3      4      5      6      7      8      9      10

No quality of life                                    Full quality of life

33. Could you please state where you heard about Conductive Education? \*

\_\_\_\_\_

34. If you have attended Conductive Education in the past could you please give the dates and place

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



35. Do you belong to a local branch of the Multiple Sclerosis Society or similar organisation? \*

*Mark only one oval.*

Yes

No

36. If yes, please state which

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#### Additional Details

37. Do you have access to a computer, iPad or tablet?

*Mark only one oval.*

Yes

No

38. Would you be interested in remote sessions if necessary?

*Mark only one oval.*

Yes

No

#### GP Details

In exceptional circumstances we may wish to contact your GP or consultant. We will NOT contact them without discussing this with you first.

39. Name of GP

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40. Address of GP

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41. GP Telephone Number

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42. Name and Hospital of Consultant

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43. How frequently do you see your consultant?

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44. Name of specialist nurse (if appropriate)

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45. Any other relevant medical information you feel it is important for us to know?

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46. I agree that I have disclosed all relevant medical information to the conductors at the National Institute of Conductive Education, Birmingham. I understand that it is my duty to inform them immediately of any relevant changes in my condition or medication and agree to do so. I agree that conductors may contact my GP or specialist should any further information be required. They will inform me of this and provide me with a copy if requested. \*

*Check all that apply.*

I agree

47. Signature / Type name

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48. Date

(if printed)

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*Example: January 7, 2019*

**If printed, sign and return this form to the address below**

Thank you for the time you have taken to provide all this information for us and we look forward to meeting you in the near future. Please ensure that you keep us up-to-date with any changes in your medical condition.

**Please return this completed form to:**

Mrs N Sandford  
Direct telephone line: 0121 442 5564

NICE – Centre for Movement Disorders  
Cannon Hill House,  
Russell Road,  
Moseley,  
Birmingham. B13 8RD

Can we politely request that when returning the application for to us you use a STAMP with LARGE written on it.

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