

Neurologist Examination Form

Multiple Sclerosis Insurance Assessment

1. Patient Information

Full Name

Date of Birth

Insurance Policy Number

Examination Date

2. Clinical History

Date of Symptom Onset

Initial Symptoms & Presenting Complaints

Relevant Medical & Family History

3. Examination Findings

Neurological Examination Findings

Expanded Disability Status Scale (EDSS) Score

4. Radiological & Laboratory Assessment

MRI Brain/Spinal Cord Findings

CSF Analysis (Oligoclonal Bands, etc.)

5. Diagnostic Criteria

- ☐ Dissemination in time
- ☐ Dissemination in space
- ☐ McDonald Criteria met
- ☐ Clinically definite MS
- ☐ Suspected MS

6. Current Treatment

Ongoing Treatments (type & duration)

7. Additional Notes

Neurologist Name

Signature

Date

