Text

Description automatically generated with medium confidence

Medical Conditions – Neurologic Movement Disorders

For Renewal of Accreditation and ACIR

Please complete the chart below by filling in the medical conditions seen by the fellow over the course of the program. Patients evaluated, treated, or managed by the fellow as part of the fellow’s education throughout the course of the program should be included within the template.

The patient’s primary medical condition is only counted during the first patient encounter. **Patient encounters beyond the initial visit should not be included in the frequency count.**

|  |  |
| --- | --- |
| **Name of Graduate:** | |
| **Medical Conditions** **Neurologic Movement Disorders** | **Number of Patients Evaluated, Treated, or Managed by the Fellow as Part of the Program’s Curriculum** |
| **Nervous System** | |
| Ataxic disorders |  |
| Chorea and Huntington’s disease |  |
| Parkinson’s disease |  |
| Tics and Tourette syndrome |  |
| Tremor and Essential tremor |  |
| **Other** | |
| Insert additional conditions not reflected above |  |