(Put label here/ write name & DOB)

**First neurology interview information**

**Date**

**FND symptoms**

* Dissociative attacks current past
* Movement disorder
  + Dystonia current past
  + Tremor current past
  + Weakness current past
* Sensory changes current past
* Pain current past
* Fatigue current past
* Balance/ dizziness current past
* Speech current past
* Swallowing current past
* Bladder control current past
* Bowel control current past
* Cognition current past
* Other – specify current past

**Onset of first FND symptom** (in years/ months)

**Clear precipitant to the first symptom?** Yes No

What was it?

**Patient accepting of diagnosis?** Yes No

**Refer to**

* Neurophysiotherapy
* Neuropsychology
* Neuropsychiatry
* Speech pathology
* Occupational therapy
* Other – specify