Doctor: _____

Patient Name: _____

Referring Doctor: _____

Appointment Date/Time: _____

I. Purpose of visit/referral

II. Issues for discussion/chief complaint

III. Current Medications

- Oral medications
- Infusions (IV or subcutaneous)
- Over the counter (both doctor prescribed and self chosen
- Immunization status

IV. LEMS history (including any autoimmune medical history)

V. Current status/symptoms

VI. Test results, e.g. from other labs/organizations

VII. Other health conditions/surgeries/hospitalizations/treating physicians

VIII. Social history, if pertinent

IX. Other issues for discussion

X. Next Steps