



Name:

DOB:

**Current Medications
and Total Dosage/Day:**

Instructions: Complete examination procedure before entering these ratings

Code: 0 = None, 1 = Minimal, may be extreme normal, 2 = Mild, 3 = Moderate, 4 = Severe		
Movement Ratings	Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously. Circle movement as well as code number that applies.	Select One
Facial/Oral Movements	1. Muscles of Facial Expression: e.g. movements of forehead, eyebrows, periorbital area, cheeks, including frowning, blinking, smiling, grimacing.	
	2. Lips and Per oral Area: e.g. puckering, pouting, smacking.	
	3. Jaw: e.g., biting, clenching, chewing, mouth opening, lateral movement.	
	4. Tongue: Rate only increases in movement both in and out of mouth. NOT inability to sustain movement.	
Extremity Movements	5. Upper (arms, wrists, hands, fingers): Include choric movements (rapid, objectively purposeless, irregular, spontaneous) athetoid movements (slow, irregular, complex, serpentine). Do not include tremor (repetitive, regular, rhythmic).	
	6. Lower (legs, knees, ankles, toes): e.g. lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.	
Trunk Movements	7. Neck, shoulders, hips: e.g. rocking, twisting, squirming, pelvic gyrations.	
Global Judgments	8. Severity of abnormal movements overall.	
	9. Incapacitation due to abnormal movements.	
	10. Patient's awareness of abnormal movements. Rate only patient's report: 0 = no awareness, 1 = aware no distress, 2 = aware mild distress 3 = aware moderate distress, 4 = aware severe distress	
Dental Status	11. Current problems with teeth?	Yes No
	12. Does Patient usually wear dentures?	Yes No

Comments:

Examiner's signature:

Date:



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Student Medical Record

CS-0849

Rev: 9/08





Instructions for Use of Form
CS-0849
AIMS Examination Procedure

Either before or after completing the examination procedure, observe the patient unobtrusively at rest (e.g., while waiting for exam).

The chair to be used in this examination should be a hard, firm one without arms.

1. Ask the patient whether there is anything in his/her teeth (i.e., gum, candy, etc.) and if there is, to remove it.
2. Ask the patient about the current condition of his/her teeth. Ask the patient if he/she wears dentures. Do the teeth or dentures bother the patient now?
3. Ask the patient whether he/she notices any movements in their mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.
4. Have the patient sit in the chair with hands on knees, legs slightly apart and feet flat on the floor. (Look at entire body for movements while in this position).
5. Ask the patient to sit with hands hanging unsupported. If male, between legs, if female, and wearing a dress, hanging over the knees. (Observe hands and other body areas.)
6. Ask the patient to open their mouth. (Observe tongue at rest within mouth.) Do this twice.
7. Ask patient to protrude their tongue. (Observe abnormalities of tongue movement.)
8. Ask the patient to tap thumb, with each finger, as rapidly as possible for 10-15 seconds: separately with right hand, then with left hand. (Observe facial and leg movements.)
9. Flex and extend patient's left and right arms, one at a time (Note any rigidity and rate it).
10. Ask the patient to stand up. (Observe in profile. Observe all body areas again, hips included.)
11. Ask the patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)
12. Have the patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.



Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Student Medical Record
CS-0849
Rev: 9/08

