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Senior/FAA Employee/HIMS AME

Essential Tremor Status Report Worksheet

Patient Name:____DOB::___________________________

Condition is Essential Tremor and is the condition stable on current regimen (i.e. no disease progression and no treatment changes recommended)?

- ☐ Yes
- ☐ No

If no, what is the diagnosis and/or what are the recommended changes?

____

Is there any evidence of a disabling tremor that limits day-to-day functioning? Y N
(i.e. holding a cup, handwriting, flipping switches on aircraft, or other?)

If yes, please describe:____

Is the patient dependent on medication to be functional? Y N

If yes, please describe:____

Treatment for condition includes (Check all that apply):

- ☐ None
- ☐ Beta Blocker – Please list:____
- ☐ Other medications – please list:____
- ☐ Weighted Gloves
- ☐ Specialized Utensils
- ☐ Deep Brain Stimulator

Any other concerns regarding the condition? None or please list below:

____

____

____

__________________________ __________________________ ________________
Treating Physician's Signature Physician's Printed Name Date

Expert FAA Medical Assistance!

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