## INVOLUNTARY MOVEMENTS

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Tics Tremor	s Shaking	Twisting
(month/year) <b>His/her age:</b>		
ep infection?  uyes	no	
? a day a	week a month	a year
Seconds Minutes	Hours Constant	
□No □Yes: V	What happens?	
□No □Yes:		
Seconds Minutes		
While awake asleep morning evening at any time		
Nothing Stre	ess Startle	Other:
Nothing Hol	ding  Thinking	Other:
Pain Fall	s Other:	
EEG	When?	Where?
Head CT /MRI	When?	Where?
Spine CT/MRI	When?	Where?
Blood tests (name	es of tests):	
or the movements?	None Can't re	member name
<del></del>	•	
own words:		
	ep infection?  yes  ? a day a Seconds Minutes  No  Yes: V No Yes: _ No Yes: _ Seconds Minute While awake aslee Nothing Stree Nothing Hol Pain Fall DEEG Head CT /MRI Spine CT/MRI Blood tests (name or the movements?	ep infection?  yes  no  ? a day a week a month Seconds Minutes Hours Constant  No  Yes: What happens? No  Yes: Seconds Minutes  While awake asleep morning evening Nothing  Stress  Startle Nothing  Holding  Thinking Pain  Falls Other:  EEG When? Head CT /MRI When?