

MAC Angels Foundation

Supporting Families with ALS

**Preparing for your Appointment**

|  |  |
| --- | --- |
| Date |  |
| Height |  |
| Usual Weight |  |
| Current Weight |  |
| Weight Gain / Loss since onset |  |
| Nutrition Diet |  |
| Fluid Intake |  |
| Overall Strength/ Stamina |  |
| Supplements / Medications |  |
|  |  |
| Symptom Diary |  |
| Physical |  |
| Muscle Weakness |  |
| Neck Weakness |  |
| Motor Strength |  |
| Skin Breakdown |  |
| Saliva |  |
| Mucus |  |
| Falls |  |
| Coughing / Choking |  |
| Urinary / Bowel Function |  |
| Urinary Tract Infection |  |
| Dehydration |  |
| Constipation |  |
| Diarrhea |  |
| Impaction |  |
| Inability to swallow |  |

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