

Anamnesis Intermediate Syndrome

General Information

Date of Evaluation: _____ Performed by: _____

Personal Data

Name: _____

Date of Birth: _____

Hospital ID: _____

e-mail: _____

Phone : () _____

1. EYE MANIFESTATIONS

Xerophthalmia:

☐ Yes ☐ No

Previous uveitis without established cause:

☐ Yes ☐ No

Schirmer test: _____ mm

2. UROGENITAL MANIFESTATIONS

Urological symptoms:

☐ Yes ☐ No

If yes, check the symptom bellow:

☐ Dysuria

☐ Nocturia

☐ Urgency

☐ Incontinence

☐ Urge-incontinence

☐ Hesitation

Erectile Dysfunction: ☐ No ☐ Mild ☐ Moderate ☐ Severe

Urodynamic Disturbances:

☐ Hyperreflexia Hyperreflexia

☐ Hyperreflexia with detrusor dyssinegism

☐ Pure hypocontractile vesico-sphincteric

☐ Areflexia

☐ Others: _____

Prolonged use of Foley catheter: ☐ Yes ☐ No

Repeat infection urinary tract: ☐ Yes ☐ No

Urinary tract ultrasound alterations: ☐ Yes ☐ No

3. RHEUMATIC MANIFESTATIONS

Have any rheumatic manifestations

☐ Yes ☐ No

If yes, check the symptom bellow:

- ☐ Arthralgia > 2 joints
- ☐ > 3 months or Arthritis
- ☐ Myositis with creatinofosfoquinase (CPK) alteration
- ☐ Spondylitis

Known Rheumatological Disease: (excludes)

- ☐ Rheumatoid Arthritis
- ☐ Mixed connective tissue disease (MCTD)
- ☐ Systemic lupus erythematosus
- ☐ Polymyositis
- ☐ Fibromyalgia
- ☐ Osteopenia
- ☐ Osteoporosis
- ☐ Myositis with CPK alteration
- ☐ Spondylitis
- ☐ Other: _____

4. ORAL MANIFESTATIONS

Have any Oral manifestations:

☐ Yes ☐ No

If yes, check the symptom bellow:

- ☐ Xerostomia
- ☐ Periodontal disease
- ☐ Erythematous
- ☐ Candidiasis
- ☐ Others: _____

Sialography with salivary gland hypofunction: ☐ Yes ☐ No ☐ Not performed

5. DYSAUTONOMY

Have any signal of dysautonomy:

☐ Yes ☐ No

If yes, check the symptom bellow:

- ☐ Postural hypotension
- ☐ Erectile Dysfunction
- ☐ Vasovagal syncope
- ☐ Others: _____

6. SKIN MANIFESTATIONS

Have any skin manifestations (no systemic disease or known cause):

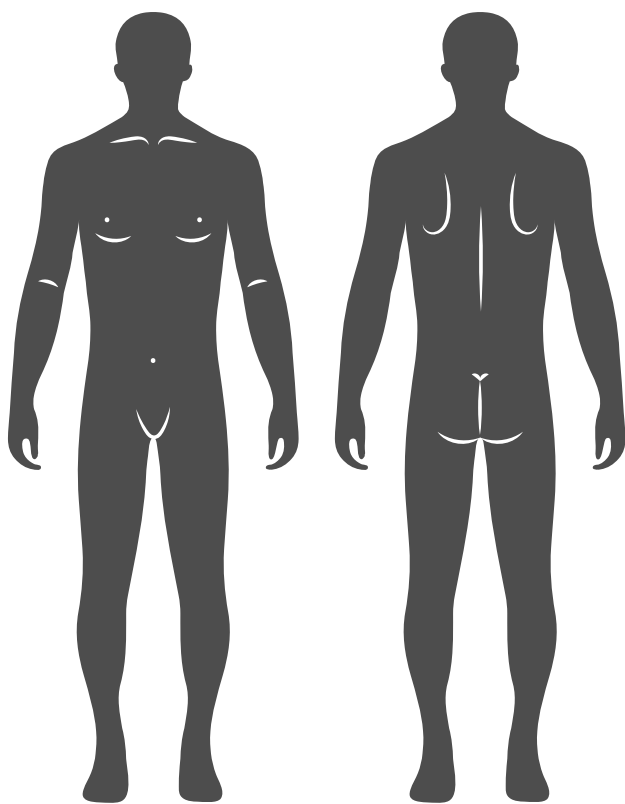
☐ Yes ☐ No

If yes, check the symptom bellow:

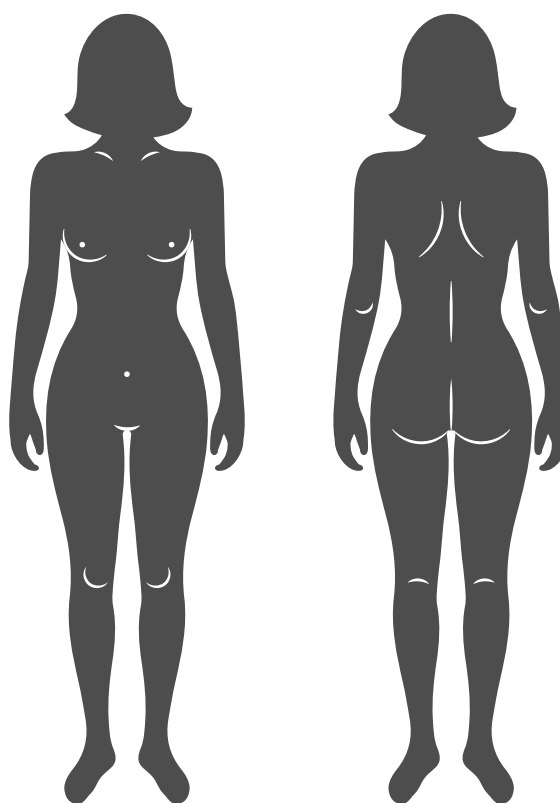
- ☐ Xerodermia
- ☐ Acquired ichthyosis
- ☐ Infectious dermatitis
- ☐ Seborrheic dermatitis

CHECK THE XERODERMIA AREA BELLOW

Male:



Female:



7. Peripheral Neurological Manifestations

Have any Peripheral Neurological Manifestations manifestations ?

☐ Yes ☐ No

If yes, check the symptom bellow:

- ☐ Strength in upper and lower limbs,
- ☐ Cranial nerves function
- ☐ Patellar
- ☐ Biceps
- ☐ Plantar reflexes
- ☐ Appraisal of the vibration sense

Have any presence of minimal changes in muscular strength or gait?

☐ Yes ☐ No

The patiente are able to:

☐ Yes ☐ No

To walk on their heels

☐ Yes ☐ No

To walk on toes

☐ Yes ☐ No

To walk on tandem gait

☐ Yes ☐ No

To rise from a chair without help from their arms

☐ Yes ☐ No

8. Adittional Comment