

Medical History Log

Date of First Symptoms: _____

Date of First Diagnosis: _____

Date of First Diagnosis of NMO / MOGAD / DSND: _____

First Therapeutic Regimen: _____

Current Therapeutic Regimen: _____

Date of Most Recent Dosing: _____

Adverse Effects of Therapeutic: _____

Disease Comorbidity(ies): _____

COVID-19 Vaccine Status: _____

Meningococcal Vaccines Status: _____

Pneumococcal Vaccine(s) Status: _____

Hepatitis B Vaccine Status: _____

Other Immunization Status: _____

Other Important Medical History: _____

Date Updated: _____



Cut Here -----

Medical History Log

Date of First Symptoms: _____

Date of First Diagnosis: _____

Date of First Diagnosis of NMO / MOGAD / DSND: _____

First Therapeutic Regimen: _____

Current Therapeutic Regimen: _____

Date of Most Recent Dosing: _____

Adverse Effects of Therapeutic: _____

Disease Comorbidity(ies): _____

COVID-19 Vaccine Status: _____

Meningococcal Vaccines Status: _____

Pneumococcal Vaccine(s) Status: _____

Hepatitis B Vaccine Status: _____

Other Immunization Status: _____

Other Important Medical History: _____

Date Updated: _____

