Memory Loss Evaluation: Initial Visit

Name: ____________________________

Date: ____________  Age: ____________

Fam Rpt: Beh

3=unable; 0=able

checkbook   ________
taxes       ________
shopping    ________
games       ________
stove       ________
meal prep   ________
events      ________
TV, book    ________
appointments   ________
travel      ________
SCORE       ________

Story of the Memory Problem

Current medical history

Past Med Hx

check positives

HTN  □
CAD  □
thyroid □
cholesterol □
CVA □
neuropathy □
periph vasc □
diabetes □
hepatitis □
head injury □
Parkinson’s □
alcohol □
depression □
VD □
seizures □
drug abuse □
cancer □
iICH □
meningitis □
hear, vision □
vitamin def □
brain image □

Former medical/surgical history

Psychiatric history

Medications □ see list

Positives (Family history, occupation, habits, function)

Education __________ yrs.

Employment __________

metals □
ECT □
boxer □

Health Habits:

Tobacco __________ pk-yrs.

Alcohol __________/day

Driving □

ROS
circle positives
personality
speech
weakness
judgment
confusion
alertness
delusions
hallucinations
emotional
sensory
mouth
fall, injury
balance
snore
short of breath
cough
bowel
hematochezia
sex dysf Knox
incontinence
joint pain
extremities
skin
appetite
thirst
fatigue
sleep
wt change
food

Education __________ yrs.

Employment __________

metals □
ECT □
boxer □

Health Habits:

Tobacco __________ pk-yrs.

Alcohol __________/day

Driving □

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### Neurologic

- NL alertness, attentive
- W/o gross deficit
- NL rapid alternating movement
- Symmetrical, __ (scale: 0-4+)
- NL touch, proprioception

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### Hachinski

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Additional description of positive findings:
Preliminary Diagnostic Assessment  (impairment level, comorbid health conditions, potential treatable elements)

Recommendations:

- Lab:
  - Electrolytes
  - CA
  - TSH
  - STS
  - B₁₂
- Imaging (type, hx)
- Medication changes
- Referrals
- Information
  - Medical Evaluation of Memory Loss
  - Treatments for AD
  - Stroke Prevention
  - Family Report: Caregiving Issues
Memory Loss Evaluation: Initial Visit

Date: ______
Age: ______

Fam Rpt: Beh
- Sunab: 0=able
- checkbook
- taxes
- shopping
- games
- stove
- meal prep
- events
- TV, book
- appointments
- travel
- score

Story of the Memory Problem

Record your version of the history of the
dementing illness from the family questionnaire
in Tools, pp.17-18, and your interview of the
patient and caregiver

Record scores here from the
questionnaire in Tools, pp.13-1/4;
score instructions are on p.15

Current medical history

Describe active problems with potential
impact on cognitive function

Record information here from
the review of systems questions
(pp.25-29) in the family
questionnaire in Tools, pp.19-29

Former medical/surgical history

Record information here from the
questions on past medical history (p.21)
in the family questionnaire in Tools, pp.19-29

Psychiatric history

Record information here from questions on pp.24,26
in the family questionnaire

Medications

Use the medication list
(p.27) in the family questionnaire
in Tools, pp.19-29, or your own
version

Education

Employment

Health Habits:
- Tobacco
- Alcohol

Positives (FHx, occup., habits, function)

Record information here from
questions on p.26 in the family
questionnaire in Tools, pp.19-29

Past Med Hx
- check positives
- HTN
- CAD
- thyroid
- cholesterol
- CVA
- neuropathy
- periph vasc
- diabetes
- hepatitis
- head injury
- Parkinson's
- alcohol
- depression
- VD
- seizures
- drug abuse
- cancer
- ICH
- meningitis
- hear, vision
- vitamin def

ROS
- circle positives
- personality
- speech
- weakness
- judgment
- confusion
- alertness
- delusions
- hallucinations
- emotional
- sensory
- mouth
- fall, injury
- balance
- snore
- short of breath
- cough
- bowel
- hematocrit
- sex dysxen
- incontinence
- joint pain
- extremities
- skin
- appetite
- thirst
- fatigue
- sleep
- wt change
- food

Fam Hx
- dementia
- Parkinson's
- depression
- stroke
- CAD
- Down’s
- diabetes
Preliminary Diagnostic Assessment

(impairment level, comorbid health conditions, potential treatable elements)

Recommendations:

See educational materials in Tools:

- pp. 39-40
- p. 41
- p. 42
- p. 45

See Tools, pp. 32-34
Instructions on p. 35