## **Cognitive Screening Questionnaire**

This form is designed to help identify potential cognitive concerns in patients. Identifying these issues early can improve patient care and assist in properly utilizing cognitive assessment codes (96132, 96138, 99483).

For each	auestion.	please	provide a	brief res	ponse.
I OI CACII (	940501011,	proase	pro i rae a	OTICI ICS	ponse.

	•	$\boldsymbol{C}$	4 •
( ar	egiver	Sec	rtinn
Car	CZIVCI		

(If a caregiver is present, they should answer these questions. If not, proceed to the Patient Section.)

1.	Does it take the patient longer to make simple decisions than it used to?
2.	Does the patient sometimes mumble or speak nonsense?
3.	Does the patient become upset or agitated more easily than before?
4.	Does the patient sometimes see or hear things that aren't there?
5.	Do you worry that the patient will wander or get lost?

## **Patient Section**

(The patient should answer these questions directly.)

1. Do you remember things as well as you used to?

Do you sometimes have trouble focusing on simple tasks?				
Do you frequently misplace your keys, phone, or other daily items?  Do you sometimes get lost or confused in familiar places?				
ician Notes:				
ovider use only.)				
ations:				
mended Next Steps:				

Please retain this completed form in the patient's records for future reference.					