**Cognitive focused history:**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Patient presents for assessment of cognitive impairment. Patient is a \_\_ year old male/female. Source of information is patient alone/patient plus family/caregiver. Patient is a current/former (occupation). Highest education level is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Depression history and assessment: PHQ-9 score: \_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note symptoms at onset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timeframe of evolution of symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Impact on work and family life: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family history of dementia: YES, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (family member) NO

Risk factors (e.g. TBI, Hx of CVA, age > 80, Hx of amnesia): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of Drug/Alcohol: YES, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO

PMHx: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Reconciliation , anticholinergic medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beers Criteria medications (please circle all that apply):

**ANTIHISTAMINES:** chlorpheniramine, diphenhydramine, hydroxyzine, Loratadine, meclizine.

**ANTIPSYCOTICS:** chlorpromazine, clozapine, fluphenazine, loxapine, olanzapine, prochlorperazine, promethazine, thiothixene, trifluoperazine.

**ANTIDEPRESSANTS:** amitriptyline, amoxapine, clomipramine, desipramine, doxepin, imipramine, nortriptyline, paroxetine, protriptyline, trimipramine.

**BENZOS:** alprazolam, estazolam, lorazepam, oxazepam, temazepam, triazolam, chlorazepate, chlordiazepoxide, chlordiazepoxide-amitriptyline, clidinium- chlordiazepoxide, clonazepam, diazepam, flurazepam, quazepam.

**NONBENZO:** eszopiclone, zolpidem, zaleplon.

**ANTISPASMODICS:** belladonna alkaloids, dicyclomine, hyoscyamine, scopolamine.

**CV:** doxazosin, prazosin, terazosin, clonidine, amiodarone, flecainide, propafenone, Sotalol, digoxin, spironolactone.

**BARBITURATES:** phenobarbital.

**GI:** metoclopramide.

**MUSCLE RELAXANTS:** carisoprodol, chlorzoxazone, cyclobenzaprine, metaxalone, methocarbamol, orphenadrine.

Significant medication interactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Types of memory: Note examples of any of these issues**

Working memory: immediate retention of new information for a few seconds (e.g. reading comprehension, metal arithmetic, planning a series of thoughts or actions):

 Usually Sometimes Rarely None

Episodic memory: personally experienced events that rely on temporal or contextual clues for retrieval (e.g. where you parked your car this morning or where you were when you heard about the September 11th attacks):

 Usually Sometimes Rarely None

Semantic memory: word meaning and general knowledge (e.g. how a car works, what the capital of each state is, reading comprehension):

 Usually Sometimes Rarely None

Implicit memory: learned responses not available for conscious reflection (e.g. driving, playing music, tying shoes, riding a bike):

 Usually Sometimes Rarely None

**Examples of memory problems (please circle/check all that apply)**

Anterograde episodic (usually first sign in AD): losing objects, repetitive questioning, difficulty taking messages, increasing reliance on lists, failure to follow plots in movies or TV, getting lost

Semantic memory: can be seen in loss of vocabulary, substituting generic word for name of object (thing, that). Meaning of some words may be lost.

Note any language difficulties such as word finding difficulties or paraphrasing errors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note inappropriate behavior. YES, if yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO

**Physical Exam:**

MMSE result: \_\_\_\_/ 30 Note specific deficits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CDR Score: \_\_\_\_\_

Note example of memory score, orientation, judgment, community affairs, hobbies, personal care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL EXAM (please circle all that apply):

Alert/Somnolent/Lethargic

Involuntary movements: tremor, dystonia, chorea, myoclonus

Ataxia: (check gait)

Apraxia: alternating hand movements or copy gestures

Extrapyramidal or pyramidal signs

Optic disc pallor/Pupillary abnormalities/Visual field defect/ Abnormal eye movements

Early onset incontinence

Papilledema

Anosmia (sense of smell)

Cranial nerve abnormalities

Bulbar features (dysphagia)

Fasciculations

Seizures

Grimacing facial expressions

Alien hand

Other abnormalities noticed on exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety Evaluation (please circle/check all that apply)**:

 Patient is safe to be left alone. Patient is safe to be left alone for several hours.

 Safe to be left alone briefly. Needs constant supervision.

 Home environment is safe. PT safety evaluation needed.

 Recommendation for at home caregiver/placement in facility please check if no recommendations are needed.

Patient is safe to drive/needs driving evaluation/will re-evaluate every months.

**Caregiver evaluation**

Caregiver referred to Alzheimer’s Association for caregiving class. Patient signed up for chronic care. Available support people for caregiver include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Advance Care Planning (please circle/check all that apply):**

Advanced healthcare directives are up to date and in place/need to be done. Paperwork provided to assist in directives/MOST form provided.

Please circle patient’s wishes: DNR/DNI DNR DNI Full Code appropriate documentation in EHR

 Palliative care/hospice referral provided.

**Care plan**

Care plan initiated by chronic care team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Assessment and Plan:**

If medications have been prescribed for dementia add the following: The patient/patient’s family have been advised that the current medications available to treat dementia **may** temporarily improve cognition and functioning, there is not a treatment that can stop the progression of the disease at this time. We should consider discontinuing the medication if no improvement is seen within 3 months.

Patient should be monitored aggressively for depressive symptoms.

Aerobic exercise, limiting alcohol and cognitive exercises have all shown to have some benefit for cognitive impairment.