

CASE STUDY INFORMATION FORM

Please return this form to Karin via email (karin@agingcareconsult.com)
by **5:00pm** on **Wednesday, November 5** for inclusion in the class on **November 12, 2025**.

Our fourth class will include rigorous discussion of complex case studies, including case studies brought by participants. It is encouraged that you submit at least one case study, but not required – we will not be able to cover all case studies in the class time.

Note: You will be assigned to the break-out room for the case study you provide. Information you provide on this form may be abbreviated for presentation to the class, but you will be welcome to add additional info to the discussion during the break-out session.

If you have any problems with the form, please send an email with the below information.

Your name:	
Client initials:	
Demographics: <i>age, gender, race/ethnicity, language</i>	
Social: <i>living situation, family members, education level (if known)</i>	
Medical: <i>significant medical diagnoses, list of medications, functional status and care needs (if known)</i>	
Brief summary of current situation: <i>Include any cognitive/other test data. Please limit to 500 words.</i>	