

The following questionnaire will help you identify the level of memory loss you or a family member or friend may be experiencing. If you would like to consult with Dr. Hargis, fill out the information at the bottom of page 2 and email our office at calhargis@gmail.com. Call 845-986-5500 to schedule your free consult or to schedule attendance at one of our in office discussions about neurofeedback therapy.

Who is filling out this form? Patient Family Member (relationship: _____)
 Friend Caregiver

Name of person filling out the form: _____

Temporal Lobe Injury or Decline

Yes No

- 1. Frequent difficulty remembering appointments?
- 2. Frequently misplace things?
- 3. Frequent difficulty finding the right words during conversations or retrieving the name of things?
- 4. Does the correct word / name come back to you after some time?
- 5. Frequent tendency to misinterpret what one hears, reads or experiences?

Frontal Lobe Injury or Decline

Yes No

- 1. Frequent difficulty thinking things through (reasoning)?
- 2. Frequent difficulty handling finances / routine affairs?
- 3. Frequent difficulty finishing chores, tasks, or other activities?
- 4. Frequent difficulty with organizing and planning things?
- 5. Frequent feelings of boredom, loss of interest, feeling of hopelessness or helplessness?
- 6. Low motivation to do things that were previously enjoyed?
- 7. Tendency to act impulsively, such as saying or doing things without thinking first?
- 8. Do I have (apathy, agitation, anxiety, irritability, depression, and delusions) more often than before?

Parietal Lobe Injury or Decline

Yes No

1. Frequent wrong turns or episodes of getting lost traveling to well-known places (direction sense)?
2. Frequent problems judging where you are in relationship to objects around you?
3. Often get confused about left and right?
4. Trouble learning a new task or skill?
5. Overall Deficits in my memory significantly hampers my daily functioning?
6. Deficits in my memory significantly hampers my job/employment functioning?
7. I can perform all my usual activities successfully?
8. Are you involved in legal matter due to your cognitive problem?
9. I see things which are not there (visual hallucinations)?
10. Do you have family history of dementia? If yes, whom?
11. Have you ever had significant head trauma? If yes, describe:
12. How long you are having problem with memory / cognition? _____ Years
13. Was the onset sudden or gradual in nature? Sudden Gradual

Your Name	Phone #	Email
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All information will be held in the strictest confidence.