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	____

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	☐

Family Hx

dementia	☐
Parkinson's	☐
depression	☐
stroke	☐
CAD	☐
Down's	☐
Diabetes	☐

Story of the Memory Problem

Current medical history

Former medical/surgical history

Psychiatric history

Medications ☐ see list

Positives (Family history, occupation, habits, function)

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 dysfxn
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

Vital Signs	**BP_____**	**P___**	**T___**	**Wt.___lb**	**Ht.___in**

Eyes	☐	nl conjunctiva & lids
Pupils	☐	pupils symmetrical, reactive
Fundus	☐	nl discs & pos elements
ENT-External	☐	no scars, lesions, masses
Otoscopic	☐	nl canals & timpanic membranes
Hearing	☐	nl to _____
Intranasal	☐	nl mucosa, septum, turbinate
Ant. Oral	☐	nl lips, teeth, gums
Oropharynx	☐	nl tongue, palate, pharynx
Neck palp.	☐	symmetrical without masses
Thyroid	☐	no enlargement or tenderness
Resp. effort	☐	nl without retractions
Chest percuss.	☐	no dullness or hyperresonance
Chest palp.	☐	no fremitus
Auscultation	☐	nl bilateral breath sounds w/o rales
Heart palp.	☐	nl location, size
Cardiac ausc.	☐	no murmur, gallop, or rub
Carotids	☐	nl intensity w/o bruit
Pedal pulses	☐	nl posterior tibial & dorsalis pedis
Breasts	☐	nl inspection & palpation
Abdomen	☐	no masses or tenderness
L/S	☐	no lever/spleen
Hernia	☐	no hernia identified
Anus/rectal	☐	no abnormality or masses
GU male	☐	nl to inspection & palpation
Prostate	☐	nl size w/o nodularity
GU female	☐	external genitalia nl w/o lesions
Int. inspection	☐	nl bladder, urethra, & vagina
Cervix	☐	nl appearance w/o discharge
Uterus	☐	nl size, position, w/o tenderness
Adnexa	☐	no masses or tenderness
Lymphatic	☐	nl neck & axillae
Lymph other	☐	

MS Gait	☐	nl gait & station
Nails	☐	no clubbing, cyanosis

Check nl, circ abn	ROM	Strength	Tone	abnormals
Rt. Arm	☐	☐	☐	
Lt. Arm	☐	☐	☐	
Rt. Leg	☐	☐	☐	
Lt. Leg	☐	☐	☐	
Spine	☐	☐	☐	

Skin	☐	nl to inspection & palpation
Neurologic	☐	nl alertness, attentive
Cranial nerves	☐	w/o gross deficit
Coordination	☐	nl rapid alternating movement
DTR's	☐	symmetrical, __ (scale: 0-4+)
Sensation	☐	nl touch, proprioception

MMSE

Psych Orient'n	☐	nl to day, mo, yr, time, location		___/10
Registration	☐	register 3 items		___/3
Attn/Calc	☐	serial subtraction, world bckwd		___/5
Recall	☐	recall 3 items		___/3
Language	☐	nl nam'g, repit'n,compr'n, read'g, writ'g		___/8
Visuospatial	☐	copy design, clock		___/1
Knowledge	☐	current/past presidents	total:	___/30
Mood	☐	nl GDS____/15		
Speech	☐	nl rate, volume		
Thought cont.	☐	logical, coherent		
Psychosis	☐	no hallucinations, delusions		
Judgement	☐	nl		
Behavior	☐	cooperative, appropriate		

Hachinski sum 1st column x 2; sum 2nd column; total columns

Abrupt onset	☐	Stepwise	☐
Hx stroke	☐	Somatic	☐
Focal signs	☐	Emotional	☐
"symptoms	☐	HTN	☐
sum x2:	____	sum:____	total:____

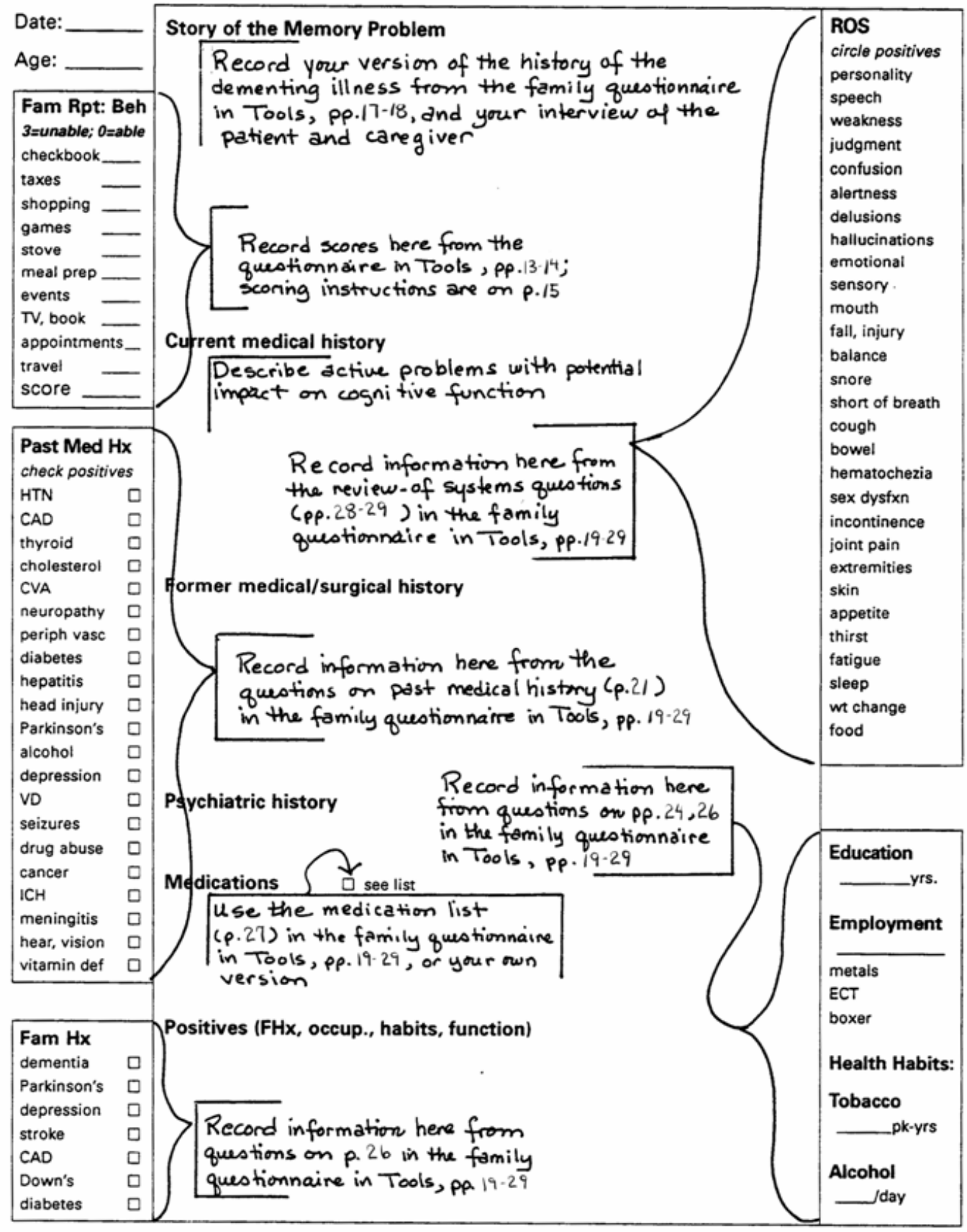
Additional description of positive findings:

Preliminary Diagnostic Assessment (impairment level, comorbid health conditions, potential treatable elements)

Recommendations:

- ☐ Lab:
- ☐ Electrolytes ☐ CA ☐ TSH ☐ STS ☐ B_{12}
- ☐ 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



Preliminary Diagnostic Assessment (Impairment level, comorbid health conditions, potential treatable elements)

Recommendations: