

Evaluación de la pérdida de memoria: primera visita de control

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
ICH
meningitis
hear, vision
vitamin def

Fam Hx
dementia
Parkinson's
depression
stroke
CAD
Down's
diabetes

Story of the Memory Problem

Record your version of the history of the dementing illness from the family questionnaire in Tools, pp.17-18, and your interview of the patient and caregiver

Record scores here from the questionnaire in Tools, pp.13-14; scoring instructions are on p.15

Current medical history

Describe active problems with potential impact on cognitive function

Record information here from the review-of systems questions (pp.28-29) in the family questionnaire in Tools, pp.19-29

Former medical/surgical history

Record information here from the questions on past medical history (p.21) in the family questionnaire in Tools, pp.19-29

Psychiatric history

Record information here from questions on pp.24,26 in the family questionnaire in Tools, pp.19-29

Medications see list

Use the medication list (p.27) in the family questionnaire in Tools, pp.19-29, or your own version

Positives (FHx, occup., habits, function)

Record information here from questions on p.26 in the family questionnaire in Tools, pp.19-29

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