

COGNITIVE IMPAIRMENT VISIT TEMPLATE

Patient name: _____ DOB: _____

Reason for visit: _____

HPI (reported from patient and caregiver)

Cognitive history (patient): _____

Cognitive history (informant): _____

Neuropsychiatric syndromes (behaviors, psychosis, depression, anxiety) and specifics: _____

Safety concerns (driving, weapons, home, falls, medications, etc.) and specifics: _____

Caregiver needs and current supports (DME, respite, financial, education, etc.) and specifics: _____

Current advance directives (DNR, POST/POLST, living will, POA, etc.) and specifics: _____

Functional Assessment

Reported from patient:

Preserved advanced activities of daily living (AADLs) (music, hobbies, activities, etc.): _____

Preserved instrumental activities of daily living (IADLs) (circle all that apply): Telephone | shopping | food prep | housekeeping | laundry | transportation | meds | finances

Preserved activities of daily living (ADLs) (circle all that apply): Bathing | toileting | grooming | feeding | transferring | continence

Reported from caregiver:

Preserved AADLs (music, hobbies, activities, etc.): _____

Preserved IADLs (circle all that apply): Telephone | shopping | food prep | housekeeping | laundry | transportation | meds | finances

Preserved ADLs (circle all that apply): Bathing | toileting | grooming | feeding | transferring | continence

Risk Factors

Diabetes: Yes No

Dyslipidemia: Yes No

Hypertension: Yes No

History of head injury with loss of consciousness: Yes No

Sleep quality: Yes No

Alcohol intake: Yes No

Vision impairment: Yes No

Hearing impairment: Yes No

Depression: Yes No

Historical Data

Allergies: _____

Medical: _____

Surgical: _____

Family: (Dementia? Early or late onset?) _____

Social: _____

Tobacco/alcohol/drugs: Yes No

Medication Reconciliation (including OTCs)

Anticholinergics/sedative hypnotics: Yes No

Who manages the medications (patient or other) and how? _____

Miscellaneous

Recent hospitalization: Yes No

Delirium during hospitalization: Yes No

Fall risk: Yes No

Assistive device: Yes No

Driving: Yes No

Caregiver or patient concerns: Yes No

continued ➤

ROS (circle pertinent findings)

General: Patient denies fever or chills. Denies recent weight loss or gain.

HENT: Denies headache or congestion. Denies hearing loss.

Eyes: Denies blurry vision or double vision.

Heart: Denies chest pain or palpitations.

Lungs: Denies shortness of breath or cough.

GI: Denies abdominal pain, nausea, vomiting, diarrhea, or constipation.

GU: Denies dysuria, frequency, or hematuria.

MSK: Denies weakness or edema. No falls.

Neuro: Denies numbness or tingling.

Heme: Denies abnormal bruising or bleeding.

Physical Exam (circle pertinent findings)

Vitals: _____

Weight gain or weight loss: Yes No

Comment: _____

General: stated age, well developed, well-nourished, and in no apparent distress

Skin: warm and dry w/o rash

Eyes: PERRL, EOMI, conjunctiva clear

Pharynx: posterior pharynx without erythema or exudate

Neck: supple, no masses, no bruit

Lungs: clear, no rales, rhonchi, or wheezes

Heart: RRR without murmurs, gallops, or rubs

Abdomen: soft, nontender, BS normal

Musculoskeletal: no localized tenderness or swelling, full range of movement

Neurologic:

- CN
- Motor
- Sensory
- Cerebellar
- Reflexes
- Gait
- Tremor
- Psych: alert, pleasant

Lab(circle all that apply)

TSH| B12/Folate | CBC | CMP | Albumin/total protein | HIV | RPR

Other: _____

Radiology

Head imaging

Testing

MMSE: ___ /30 (prior ___ /30)

MoCA: ___ /30 (prior ___ /30)

SLUMS: ___ /30 (prior ___ /30)

Clinical dementia rating (severity): _____

Clock: ___ /3

GDS: ___ /15 (prior ___ /15)

Cognitive domain deficits:

- Memory: Yes No
- Orientation: Yes No
- Language: Yes No
- Visuospatial: Yes No
- Executive: Yes No

Assessment

Decisional capacity (medical): Yes No Uncertain

Comment: _____

Decision capacity (executive): Yes No Uncertain

Comment: _____

Discussion and Medical Decision Making

Low complexity | moderate complexity | high complexity

Plan

Care plan provided to patient and caregiver

Education on brain health:

- Sleep
- Social engagement
- Physical activity
- Mental stimulation

Discussion on safety

Caregiver needs

Advance care planning:

- Medical
- Financial

Follow-up: _____