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

© 2019 American Academy of Family Physicians. Physicians may duplicate or adapt for use in their own practices; all other rights reserved. Related article: https://www.aafp.org/fpm/2019/0100/p11.html.

Developed by Brian K. Unwin, MD, Natalia Loskutova, MD, Patrick Knicely, and Christopher D. Wood, DO. Copyright © 2019 American Academy of Family Physicians. Physicians may duplicate or adapt for use in their own practices; all other rights reserved. Related article: https://www.aafp.org/fpm/2019/0100/p11.html.

FPM Toolbox To find more practice resources, visit https://www.aafp.org/fpm/toolbox.
**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
- Cerellear
- 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)

**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: _____________________________________________