



Memory Clinic – Worksheet

Patient's Name

Date

This _____ y.o patient was assessed in the clinic today accompanied by _____.

Education level/occupation: _____

Where they live and with whom: _____

Children/POA: _____

Risk factors for Dementia: _____

Summary or presenting memory difficulties/reason for referral: _____

Identified areas of functional impairment: _____

Current medications: _____

Relevant investigations to date: _____

Cognitive test results:

MOCA _____ /30 with _____ /5 delayed recall

F words _____

Digit span intact impaired

Mini Trails intact impaired

Cube draw intact impaired

Clock draw intact impaired

Trails B intact impaired

CLOX 1 intact impaired **CLOX 2** intact impaired

Animal List Generation _____ words

Go-No-Go intact impaired

Months Backwards intact impaired

Luria intact impaired

Cornell Scale for depression: _____

Zarit Burden screen: _____

Gait screen: _____

BP: _____ **HR:** _____