

DEMENTIA WORK-UP SHEET

This form is meant to provide some guidelines in the initial dementia evaluation and as a source of information for family and other professionals. Please give a copy to a responsible family member and update as appropriate. **See below.

Patient Name _____ DOB: _____

Today's Date _____ Primary Doctor(s) _____

Diagnoses _____

Current Medications

Name	Dose	Indication

Alcohol Use	<input type="checkbox"/> None/Minimal	<input type="checkbox"/> Overuse
Depression	<input type="checkbox"/> May be a problem	<input type="checkbox"/> Not apparent

Basic Screening Tests (NIH Consensus Recommendations)

TEST	DATE	RESULTS (significant/abnormal findings)
Chem-20		
CBC		
Thyroid		
B12/Folate		
MHA-TP or FTA		
U/A		
ESR		
EKG <i>optional</i>		
CXR		

CNS Imaging (In all < 60 yrs.; In some 60-80 yrs. when history of physical findings are inconsistent with or inconclusive for Alzheimer's Disease; Not indicated > 80 yrs. with insidious onset and progressive decline).

Type of Scan _____ Date _____

Results _____

** To the family: This form can provide valuable information to other professionals. Please make sure you have extra copies to present at any subsequent referrals or evaluations including ER visits.

Dementia Work-up (cont.)

Optional Data

HIV (recommended by CDC) Date _____ Result _____

Lumbar Puncture (cancer, age <55, unusual or rapid progression, immunosuppression, possible CNS infection/vasculitis or connective-tissue disease)

Date _____ Result _____

EEG (Unable to exclude delirium, possible seizure disorder or encephalitis)

Date _____ Result _____

Mini-Mental Status Examination (MMSE Folstein, et al)

Date _____ Score _____

Date _____ Score _____

Date _____ Score _____

Comments/Other Data or Problems _____

Referrals

- Alzheimer's Association of Greater Sacramento—(800) 660-1993
- Del Oro Regional Caregiver Resource Center—971-0893 or (800) 635-0220 or 274-1005 (Grass Valley)
- Nevada County In-Home Supportive Services—265-1450 or ~~(800) 661-1340~~
- ~~Lutz Center Adult Day Care—273-6581 265-0605~~
- ~~Caregiver Support Groups—272-4218 or 273-6581 265-0605 at Lutz Center~~
- Adult Protective Services—265-1340 or 265-1639
- Sierra Nevada Home Services—274-6350
- RSVP Friendly Visitor Program—265-4697 271-0255
- Senior Companion Program (FREED)—272-1732
- Geriatric Case Management _____
- Hearing Evaluation _____
- Visual Evaluation _____
- Consultation with other physician(s) _____
- Other Senior Outreach information & assistance, placement/housing
273-2273 Alzheimer's Outreach
274-6155