

Note for the physician-

concerns about myself/my loved one having dementia

Patient Name: _____ DOB: _____

symptoms (10 warning signs according to the Alzheimer's Association):

- memory loss that is disrupting my daily life
- challenges in planning or problem solving
- difficulty completing familiar tasks
- confusion with time or place
- trouble understanding visual images or spacial relationships
- new problems with words in speaking or writing
- misplacing things and losing the ability to retrace steps
- decreased or poor judgement
- withdrawal from work or social activites
- changes in mood or personality

examples _____

Name of person completing form (if other than patient) _____

_____ Relationship to patient _____



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