

Date (dd/mm/yy): \_\_\_\_\_

Physician Name: \_\_\_\_\_

**PC-DATA Initial Visit Flow Sheet:****1. Demographic Data:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB (dd/mm/yy): \_\_\_\_ Age: \_\_\_\_  
Town: \_\_\_\_\_ Living Environment (home/apartment/retirement home/LTC): \_\_\_\_\_  
Living Situation (Alone/With Spouse/Others): \_\_\_\_\_  
Main Caregiver(Relationship) : \_\_\_\_\_ Name (POA Finances) : \_\_\_\_\_ POA (Personal Care): \_\_\_\_\_  
Educational Achievement: \_\_\_\_\_ Primary Language: \_\_\_\_\_

**2. Presenting Complaint:**Source of Information regarding change:  Patient  Caregiver (Name): \_\_\_\_\_  Other: \_\_\_\_\_

Presenting Symptoms:

- Memory Impairment  Personality Change  Depression or Anxiety  Functional Decline  
 High risk population  Psychosis or Suspiciousness  
 Abnormal cognitive screening test (Name of Test): \_\_\_\_\_

**3. History of Cognitive Changes:**

Duration of Complaint (years): \_\_\_\_\_ Onset (Sudden/Gradual): \_\_\_\_\_

Progression (slow, progressive; rapid): \_\_\_\_\_

Cognitive Symptoms:

**Memory:** Forgetting Conversations (Y/N):\_\_ Misplacing Objects (Y/N):\_\_ Difficult Recalling Recent Events (Y/N):\_\_ Forgetting

Appointments (Y/N):\_ Forgetting Medications (Y/N):\_\_

**Agnosia:** Failing to Recognize Familiar People (Y/N):\_\_ Difficulty Recognizing Familiar Locations (Y/N):\_\_**Language:** Word finding difficulties (Y/N):\_\_ Word Substitutions (Y/N):\_\_ Difficulty Understanding Conversations (Y/N):\_\_**Apraxia:** Difficulties Using Appliances (Y/N):\_\_ Difficulty with Dressing (Y/N):\_\_ Difficulties with Walking (Y/N):\_\_**Executive Functioning:** Difficulty Planning (Y/N):\_\_ Difficulty Organizing Activities (Y/N):\_\_ Difficulty Sequencing Actions (Y/N):\_\_ Loss of Abstract Thinking (Y/N):\_\_**Visuospatial:** Getting Lost While Driving (Y/N)\_\_\_\_\_ Difficulty Navigating in Unfamiliar Environments (Y/N):\_\_\_\_\_

Wandering Out of Home (Y/N):\_\_\_\_\_

**Associated Symptoms:** \_\_\_\_\_**Behavioral/Personality Changes:** Apathy/Loss of Interest(Y/N):\_\_ Irritability (Y/N):\_\_ Disinhibition (Y/N):\_\_

Elation/Euphoria (Y/N):\_\_ Hallucinations (Y/N):\_\_ Suspiciousness/Paranoia (Y/N):\_\_ Sleep Disturbance (Y/N):\_\_

Agitation/Aggression (Y/N):\_\_ Depression/Dysphoria (Y/N):\_\_ Anxiety (Y/N):\_\_ Abnormal Motor Activity

(Y/N):\_\_ Appetite/Eating Changes (Y/N):\_\_

**4. Cognitive Testing:**

Montreal Cognitive Assessment Score (/30): \_\_\_\_\_ MMSE (/30): \_\_\_\_\_

Clock Drawing Test (normal/abnormal): \_\_\_\_\_

IQCODE (average score): \_\_\_\_\_ AD8 (Number scored "Yes"): \_\_\_\_\_

Other Cognitive Testing: \_\_\_\_\_

Date and score of any previous testing: \_\_\_\_\_

**5. Medical History:**

Hypertension (Y/N):

Hypercholesterolemia (Y/N):

Coronary Artery Disease (Y/N):

Angina (Y/N):

Myocardial infarction (Y/N):

Atrial fibrillation (Y/N):

Diabetes Mellitus (Y/N)

Sleep Apnea (Y/N):

Falls (Y/N) :

Stroke (Y/N) :

TIAs (Y/N) :

Parkinson's Disease (Y/N):

Other Neurological Diseases (Y/N):

Head Injuries (Y/N):

Seizures (Y/N):

Smoking (Y/N):

Date (dd/mm/yy): \_\_\_\_\_

Physician Name: \_\_\_\_\_

**6. Medications:**

Review anticholinergic medications

Other medications which may affect cognition:

- Opioids
- Antipsychotics
- Antidepressants
- Anticonvulsants
- Benzodiazepine/Sedatives

**7. Past Psychiatric History:**

Depression (Y/N): \_\_\_\_\_

Anxiety (Y/N): \_\_\_\_\_

Psychosis (Y/N): \_\_\_\_\_

Alcohol Use (current, past): \_\_\_\_\_

Other substance use (current, past): \_\_\_\_\_

**8. Family History:**

Alzheimer's Disease (relationship, age of onset) (Y/N): \_\_\_\_\_

Neurological Conditions (Y/N): \_\_\_\_\_

Anxiety (Y/N): \_\_\_\_\_

Depression (Y/N): \_\_\_\_\_

Schizophrenia/Bipolar (Y/N): \_\_\_\_\_

**9. Physical Exam:**

Vitals: Temp: \_\_\_\_\_ HR/rhythm: \_\_\_\_\_ BP: \_\_\_\_\_

Neurological Exam (focal or localizing signs): \_\_\_\_\_

Cranial nerves: \_\_\_\_\_

Strength: \_\_\_\_\_

Reflexes: \_\_\_\_\_

Gait: \_\_\_\_\_

Parkinsonian Features: Tremor(Y/N): \_\_\_\_\_ Rigidity(Y/N): \_\_\_\_\_ Akinesia/Bradykinesia(Y/N): \_\_\_\_\_ Postural Instability (Y/N): \_\_\_\_\_

**10. Bloodwork, EKG, Imaging (describe if abnormal):**

CBC Electrolytes Calcium TSH Fasting Glucose B12 Folate (optional): \_\_\_\_\_

EKG: Normal/Abnormal (if abnormal describe): \_\_\_\_\_

Head CT (date, describe): \_\_\_\_\_

**11. Functional Assessment:**

Instrumental Activities of Daily Living (FAQ) Total Score: \_\_\_\_\_

Basic Activities of Daily Living (Katz): Total Score: \_\_\_\_\_

**12. Diagnosis:**

- Normal Aging – no cognitive complaints, testing normal for age, doesn't meet criteria for dementia
- Mild Cognitive Impairment: - cognitive complaint, abnormal cognitive testing, no significant functional decline
- Dementia: - cognitive change, abnormal cognitive testing, significant cognitive decline, no other cause for changes
- Uncertain

**13. Follow-Up Plans:**

Contact Dementia Care Manager (if needed): Reason: \_\_\_\_\_

Recommendations to Patient/Caregiver: \_\_\_\_\_

Investigations: \_\_\_\_\_

Medication Changes: \_\_\_\_\_

Referral to Other Agency: \_\_\_\_\_

Follow-up visit (routine in 3 – 6 months or earlier if needed): Next Follow-up: \_\_\_\_\_