

Brain Health Assessment

Patient Information

Name:

Age:

Gender: Male Female Other:

Date of Birth:

Occupation:

Referring Physician:

Date of Assessment:

Assessment

I have difficulty remembering new information (names, events, etc.).

Very Frequently Frequently Occasionally Rarely Never

I have difficulty recalling past events or information.

Very Frequently Frequently Occasionally Rarely Never

I find it hard to focus on tasks or maintain attention during conversations.

Very Frequently Frequently Occasionally Rarely Never

I am easily distracted.

Very Frequently Frequently Occasionally Rarely Never

I face challenges in planning and organizing tasks.

Very Frequently Frequently Occasionally Rarely Never

Making decisions or solving problems is challenging for me.

Very Frequently Frequently Occasionally Rarely Never

I struggle to find the right words or follow conversations.

Very Frequently Frequently Occasionally Rarely Never

Expressing my thoughts verbally or in writing is challenging.

Very Frequently Frequently Occasionally Rarely Never

I have experienced significant changes in my mood (e.g., sadness, anxiety).

Very Frequently Frequently Occasionally Rarely Never

I have noticed changes in my behavior or personality.

Very Frequently Frequently Occasionally Rarely Never

I have lost interest in activities or hobbies I used to enjoy.

Very Frequently Frequently Occasionally Rarely Never

My sleep patterns are irregular (difficulty falling or staying asleep).

Very Frequently Frequently Occasionally Rarely Never

I feel rested and rejuvenated after a night's sleep.

Very Frequently Frequently Occasionally Rarely Never

I have healthy eating habits and regularly consume a balanced diet.

Very Frequently Frequently Occasionally Rarely Never

I consume alcohol or use tobacco products.

Very Frequently Frequently Occasionally Rarely Never

I engage in activities that challenge my brain, such as puzzles, reading, or learning new skills.

Very Frequently Frequently Occasionally Rarely Never

I engage in regular physical exercise (e.g., walking, cycling, gym workouts).

Very Frequently Frequently Occasionally Rarely Never

I participate in social activities and maintain regular contact with friends and family.

Very Frequently Frequently Occasionally Rarely Never

Patient History

Please use this space to provide a detailed patient history, including previous diagnoses, family history of neurological diseases, etc.

Additional Notes