# **Cognitive Test**

#### Patient Information

Name:	Date of Birth:	
Date of Assessment:	Medical Record Number:	
Referring Physician:		

#### Instructions

- This cognitive test is designed to assess various cognitive functions. Please complete the following tasks to the best of your ability.
- Please don't hesitate to ask if you have any questions or need clarification during the test.
- Take your time and do your best. There is no time limit for most sections.

#### **Section 1: Orientation (5 points)**

What is today's date?

Where are we right now?

What is your current location?

Who is the current President?

What is the name of this facility?

#### Section 2: Memory (10 points)

- Read the following words: Apple, Chair, Red, Dog, Banana, Table, Green, Cat, Orange, Book.
- Please repeat as many words as you can remember.

## **Section 3: Attention and Concentration (10 points)**

- Count backward from 100 by subtracting 7 each time. Start from 100.
- · Please stop when you reach zero.

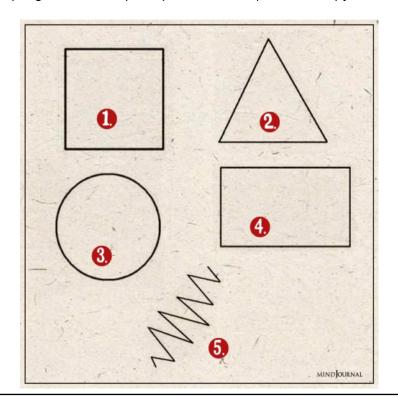
## Section 4: Language (10 points)

Name as many animals as you can in one minute.

Name as many words starting with the letter "F" as possible in one minute.

# Section 5: Visuospatial Skills (5 points)

- Copy the diagram below.
- Provide a simple geometric shape or pattern for the patient to copy.



# **Section 6: Executive Functioning (10 points)**

Со	nne	ct th	e numbers from 1 to 25 in ascending order on the blank sheet provided.	
1	2	3	4 5	
6	7	8	9 10	
11	12	13	14 15	
16	17	18	19 20	
21	22	23	24 25	
Sc	orin	g		
• Calculate the total score of 40 points based on the patient's performance in each section.				
•		erpre tory.	et the results in the context of the patient's age, education, and any relevant medica	
Tot	al S	core	9:	
Re	con	ıme	ndations	
			the cognitive test results, provide recommendations for further assessment, n, or follow-up as needed.	