

Dementia System Disorder Assessment

Patient information	
Name:	Date of birth:
Gender:	Date of assessment:
Contact information:	Medical record number:
Clinical criteria assessment	
I. Cognitive and behavioral symptoms	
Is there interference with daily functioning?	
Yes	No
Is there a decline from the previous functioning?	
Yes	No
Behavioral symptoms:	
Agitation	Depression
Anxiety	Others specify:
Sleep patterns:	
Normal	Irregular
<u>Details:</u>	
II. Exclusion of other conditions	
Not explained by delirium or major psychiatric disorders?	
Yes	No
III. Impairment in multiple domains	
Check all that apply:	
Ability to acquire and remember new information	Reasoning and handling complex tasks
Language dysfunction	Visuospatial dysfunction
Changes in personality or behavior	
Cognitive testing	
I. Mini-mental state examination (MMSE)	
Score: ____/30	
Interpretation:	

II. Montreal cognitive assessment (MoCA)	
Score:	
Interpretation:	
III. Clock drawing test	
Result:	
Normal	Abnormal
Details:	
IV. Neuropsychological testing	
Conducted by:	
Key findings:	
Functional assessment	
I. Activities of Daily Living (ADLs)	
Score/details:	
II. Instrumental Activities of Daily Living (IADLs)	
Score/details:	
Imaging studies	
I. MRI/CT scan:	
Findings:	
II. PET scan	
Amyloid/tau detection:	
Yes	No
Activity patterns:	

Laboratory tests	
I. Vitamin deficiencies (e.g. B12)	
Normal	Abnormal
II. Thyroid function tests	
Normal	Abnormal
III. Infection markers	
IV. Biomarker tests for Alzheimer's Disease	
Available?	
Yes	No
Results:	
Results and interpretation	
Summary of findings:	
Dementia type suspected:	
Recommendations:	
Additional notes	
Healthcare professional information	
Name:	License ID number:
Signature:	Date of assessment: