

# Preparing for your doctor's visit

Fill out the information below to the best of your ability. Share it with your doctor. Be open and honest in answering any questions your doctor may ask you about the changes you've been experiencing or that you are noticing in someone else.

Do	you	or s	some	one	you	care	about	have
pro	blen	ns v	vith a	any o	of the	e foll	owing	?

problems with any of the following?						
	Attention Being easily distracted Losing a train of thought in conversation					
2.	Memory					
	Asking the same questions or repeating the					
	same information over again					
	Misplacing things					
	Leaving the stove on, tap running or forgetting					
	to lock the house					
	Forgetting appointments or the correct					
	month of the year					
2	Language					
	<b>Language</b> Finding words like people's names or					
	common words					
П	Substituting incorrect words					
	Following a conversation with multiple					
	participants					
	Understanding simple verbal and					
	written instructions					
4.	Vision and space					
	Getting lost in familiar places					
	Recognizing faces					
	Finding your way when driving					

### 5. Judgment

- ☐ Planning and organizing your daily activities ☐ Knowing what to do if there were a fire or sor
- ☐ Knowing what to do if there were a fire or someone suddenly got ill
- ☐ Driving, managing finances or operating appliances

#### 6. Coordination

- ☐ Putting movements in sequence (e.g. taking the necessary steps to make a cup of coffee, prepare a bath)
- ☐ Using utensils to eat or groom yourself

#### 7. Mood

- ☐ Being down most of the time
- Losing interest in doing things

#### 8. Personality and behaviour

- ☐ Seeing or hearing things that other people do not
- ☐ Being suspicious of others, like believing people are out to hurt you
- ☐ Being verbally or physically agitated or aggressive
- Changes in your personality
- ☐ Being socially inappropriate, acting out of character
- Unusual food cravings

#### 9. Daily function

- ☐ Completing familiar tasks (e.g. dressing, bathing)
- ☐ Planning and organizing daily activities (e.g. managing your finances, going out alone)



## **Medications and medical history**

List medications (dosage, frequency) including over-the-counter and prescription
List vitamins and herbal supplements
List current medical conditions
Additional questions to ask the doctor What are the tests I need to take and how long will it take to get a diagnosis?
Would you advise me to see a specialist?
Could the medicines I'm taking be causing my symptoms?
Do I have any other conditions that could be causing my symptoms or making them worse?
What should I expect if it is Alzheimer's disease or another dementia?
Which treatments are available for Alzheimer's disease and other dementias? What are the risks and benefits and possible side effects?
What about participating in a clinical trial? What are the risks and benefits?
Is there anything else I should know?
When should I come back for another visit?

Sources: - "Preparing for your doctor's visit", American Alzheimer's Association.

<sup>- &</sup>quot;Assessing patients complaining of memory impairment" in Geriatrics and Aging (April, 2008, volume 11, number 3) by Dr. Mario Masellis and Dr. Sandra Black.



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