The Alzheimer Society has a toolkit to help you prepare for a conversation with your doctor or health provider about your concerns and questions about a possible dementia diagnosis.

Symptoms of dementia may include loss of memory, difficulty with day-to-day tasks and changes in mood and behaviour. People may think these symptoms are part of normal aging but they aren’t. If you notice any of these symptoms or changes in abilities, behaviour or communication, it is important to see a doctor. The changes may be due to treatable conditions such as depression, drug interactions or an infection.

To help you prepare for your doctor’s visit, the Alzheimer Society has developed the following list:

- Review the Warning Signs – are there changes in abilities, behaviour or communication? There is no set number of warning signs that need to be experienced before you visit your doctor.

- Complete the Preparing for Your Doctor’s Visit form and where possible provide specific examples:
  - What symptoms have been noticed?
  - When did they first appear?
  - How have the symptoms changed over time?

- If you have questions contact the Alzheimer Society.

- Make a doctor’s appointment and share the reason for your visit.

- Review Getting a Diagnosis information about what to expect at your appointment.

- Take your completed Preparing for Your Doctor’s Visit form and notes to your appointment.

- If you receive a diagnosis, ask your physician to refer you to the Alzheimer Society’s First Link® program or call the Alzheimer Society.

Find an Alzheimer Society near you by visiting www.alzheimer.ca/helpnearyou
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 someone you care about have problems with any of the following?

1. **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

3. **Language**
   - Finding words like people’s names or common words
   - 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 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?

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**Sources:**

- “Preparing for your doctor’s visit”, American Alzheimer’s Association.
- “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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**Endorsed by:**

The College of Family Physicians of Canada

Le Collège des Médecins de Famille du Canada

Alzheimer Society
10 Warning Signs

1. **Memory loss that affects day-to-day abilities**
   It is normal to occasionally forget appointments, colleagues’ names or a friend’s phone number only to remember them a short while later. However, a person with Alzheimer’s disease may forget things more often or may have difficulty recalling information that has recently been learned.

2. **Difficulty performing familiar tasks**
   Busy people can be so distracted from time to time that they may forget to serve part of a meal, only to remember about it later. However, a person with Alzheimer’s disease may have trouble completing tasks that have been familiar to them all their lives, such as preparing a meal or playing a game.

3. **Problems with language**
   Anyone can have trouble finding the right word to express what they want to say. However, a person with Alzheimer’s disease may forget simple words or may substitute words such that what they are saying is difficult to understand.

4. **Disorientation in time and space**
   It is common to forget the day of the week or ones destination - for a moment. But people with Alzheimer’s disease can become lost on their own street, not knowing how they got there or how to get home.

5. **Impaired judgment**
   From time to time, people may make questionable decisions such as putting off seeing a doctor when they are not feeling well. However, a person with Alzheimer’s disease may experience changes in judgment or decision-making, such as not recognizing a medical problem that needs attention or wearing heavy clothing on a hot day.

6. **Problems with abstract thinking**
   From time to time, people may have difficulty with tasks that require abstract thinking, such as balancing a chequebook. However, someone with Alzheimer’s disease may have significant difficulties with such tasks because of a loss of understanding what numbers are and how they are used.

7. **Misplacing things**
   Anyone can temporarily misplace a wallet or keys. However, a person with Alzheimer’s disease may put things in inappropriate places: for example, an iron in the freezer or a wristwatch in the sugar bowl.

8. **Changes in mood and behaviour**
   Anyone can feel sad or moody from time to time. However, someone with Alzheimer’s disease can show varied mood swings - from calmness to tears to anger - for no apparent reason.

9. **Changes in personality**
   Personalities can change in subtle ways over time. However, a person with Alzheimer’s disease may experience more striking personality changes and can become confused, suspicious or withdrawn. Changes may also include lack of interest, fearfulness or acting out of character.

10. **Loss of initiative**
    It is normal to tire of housework, business activities or social obligations, but most people regain their initiative. However, a person with Alzheimer’s disease may become passive and disinterested, and require cues and prompting to become involved.

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Excerpt from Alzheimer Society 10 Warning Signs pamphlet, 2018

Endorsed by:

GETTING A DIAGNOSIS TOOLKIT  •  PAGE 4
Getting a Diagnosis

No single test can tell if a person has Alzheimer’s disease. The diagnosis is made through a systematic assessment that eliminates other possible causes. Until there is a conclusive test, doctors may continue to use the words “probable Alzheimer’s disease.”

Making the diagnosis can take time. The diagnosis can be made by a family doctor or a specialist. When making the diagnosis, the doctor may or may not refer you to other healthcare professionals. These may include a psychologist, psychiatrist, neurologist, geriatrician, nurse, social worker or occupational therapist. They will look for problems with your memory, reasoning ability, language and judgment, and how these affect day-to-day function.

The process involves:

Medical history
Both you and your family members or friends will be asked questions regarding your symptoms now and in the past. There will be questions about past illnesses and about family medical and psychiatric history.

Mental status exam
This part of the process tests your sense of time and place as well as the ability to remember, express yourself and do simple calculations. It may involve exercises such as recalling words and objects, drawing and spelling, and questions such as “What year is it?”

Physical exam
To help rule out other causes, a physical exam will be done. The doctor will look for heart, lung, liver, kidney or thyroid problems that may be causing the symptoms. To evaluate whether other nervous system disorders are causing the symptoms, the doctor will test muscle tone and strength, coordination, eye movement, speech and sensation.

Laboratory tests
Detailed blood work will be ordered to help detect problems such as anemia, diabetes, thyroid problems or infections that might be contributing to the symptoms. Other tests such as X-rays and EEGs (electroencephalogram) may be used to determine the source of the problem. In some medical centres, scans may be used.

The following may be recommended, but are not always necessary for a diagnosis:

CT (computerized tomography) scan and MRI (magnetic resonance imaging) take images of the brain.

SPECT (single proton emission computed tomography) shows how blood is circulating to the brain.

PET (positive electron tomography) shows how the different areas of the brain respond during certain activities such as reading and talking, but this scan is usually done after 45 minutes of rest.

Psychiatric and psychological evaluations
A psychiatric evaluation may be helpful in ruling out other illnesses such as depression, which can cause symptoms similar to Alzheimer’s disease. Neuro-psychological testing can evaluate memory, reasoning and writing.