

## DEMENTIA-ALZHEIMER'S



CLIENT NAME: \_\_\_\_\_

Submit the Client Information Questionnaire with this form

1. List the type of dementia: \_\_\_\_\_
  
2. List date of onset of symptoms, \_\_\_\_\_  
and date of diagnosis: \_\_\_\_\_
  
3. Is client on any medications? (accurate name, dosage, and reason)
  
  
4. Note functional status:  
\_\_\_ minimal cognitive changes, fully functioning  
\_\_\_ needs supervision outside the home  
\_\_\_ assistance needed on any ADL (Activities of Daily Living)  
\_\_\_ custodial care
  
5. Is there also a history of depression?  
\_\_\_ no  
\_\_\_ yes; please give details \_\_\_\_\_
  
  
6. Does client have any other major health issues?