

MR# 0

LAST NAME

VISIT DATE

FIRST NAME

MM / DD / YYYY

MM

DD

YYYY

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Clinician's packet #2, V. 18, page 1 of 8

UF Memory and Cognitive Disorders Program - Clinician's Packet # 2

(Imaging, Labs, Diagnosis, Impression & Plan, and Medications) (*denotes non-UDS questions)

Check each box if "Yes"

	Study done?	Available at UF?
1. Computed tomography	<input type="checkbox"/>	<input type="checkbox"/>
2. Magnetic resonance imaging		
2a. Clinical study	<input type="checkbox"/>	<input type="checkbox"/>
2b. Research study/structural	<input type="checkbox"/>	<input type="checkbox"/>
2c. Research study/functional	<input type="checkbox"/>	<input type="checkbox"/>
3. Magnetic resonance spectroscopy	<input type="checkbox"/>	<input type="checkbox"/>
4. SPECT	<input type="checkbox"/>	<input type="checkbox"/>
5. PET	<input type="checkbox"/>	<input type="checkbox"/>
6. EEG	<input type="checkbox"/>	<input type="checkbox"/>
7. DNA	<input type="checkbox"/>	<input type="checkbox"/>
8. Cerebrospinal fluid - ante-mortem	<input type="checkbox"/>	<input type="checkbox"/>
9. Serum/plasma	<input type="checkbox"/>	<input type="checkbox"/>
10. APOE genotype collected	<input type="checkbox"/>	<input type="checkbox"/>

EEG Findings _____

Other Findings _____

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MR# 0

VISIT DATE

MM / DD / YYYY

MM DD YYYY
Clinician's packet #2, V. 18, page 2 of 8

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Structural Imaging*

MRI CT Normal Borderline Abnormal
Month Year

Atrophy - In excess of age? Yes No

Greater Lesser

- General Right Left
- Frontal Right Left
- Temporal Right Left
- Hippocampal Right Left
- Parietal Right Left
- Occipital Right Left

Leukoariosis (check all that apply)

- Periventricular 1-25% 26-50% >50%
- Deep white matter 1-25% 26-50% >50%
- Subcortical 1-25% 26-50% >50%

Stroke Lacunes: Yes No Stroke: Yes No

Location (check all that apply):

LEFT	<input type="checkbox"/> L frontal	<input type="checkbox"/> L temporal	<input type="checkbox"/> L parietal	<input type="checkbox"/> L occipital	<input type="checkbox"/> L thalamus	<input type="checkbox"/> L basal ganglia	<input type="checkbox"/> L brainstem
RIGHT	<input type="checkbox"/> R frontal	<input type="checkbox"/> R temporal	<input type="checkbox"/> R parietal	<input type="checkbox"/> R occipital	<input type="checkbox"/> R thalamus	<input type="checkbox"/> R basal ganglia	<input type="checkbox"/> R brainstem

Comments: _____

Mass (describe) _____

Other _____

Functional Imaging*

PET Normal Abnormal

Month Year

Areas of Hypometabolism				
LEFT	<input type="checkbox"/> L frontal	<input type="checkbox"/> L temporal	<input type="checkbox"/> L parietal	<input type="checkbox"/> L occipital
RIGHT	<input type="checkbox"/> R frontal	<input type="checkbox"/> R temporal	<input type="checkbox"/> R parietal	<input type="checkbox"/> R occipital

SPECT Normal Abnormal

Month Year

Areas of Decreased Blood Flow				
LEFT	<input type="checkbox"/> L frontal	<input type="checkbox"/> L temporal	<input type="checkbox"/> L parietal	<input type="checkbox"/> L occipital
RIGHT	<input type="checkbox"/> R frontal	<input type="checkbox"/> R temporal	<input type="checkbox"/> R parietal	<input type="checkbox"/> R occipital

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MR# 0

VISIT DATE

MM	DD	YYYY

MM DD YYYY

Clinician's packet #2, V. 18, page 3 of 8

Place Label Here

(OFFICE USE ONLY)**LABORATORY TESTS**

	Date	
	MM	YYYY
Apolipoprotein E	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 2/2	<input type="checkbox"/>	2/3
<input type="checkbox"/> 2/4	<input type="checkbox"/>	3/3
<input type="checkbox"/> 3/4	<input type="checkbox"/>	4/4

Test	Result	Date
<input type="checkbox"/> B-12	<input type="text"/> pg/mL	MM YYYY <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Homocysteine	<input type="text"/> . <input type="text"/> umol/L	MM YYYY <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Thiamine	<input type="text"/> nmol/L	MM YYYY <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Folate	<input type="text"/> . <input type="text"/> ng/mL	MM YYYY <input type="text"/> / <input type="text"/>

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MR# 0

VISIT DATE

MM / DD / YYYY

Clinician's packet #2, V. 18, page 4 of 8

Place Label Here
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Cognitive Status and Dementia Diagnosis:

Check only one box per response category. Mark only one condition as primary.

1). Responses are based on: Diagnosis from single clinician Consensus diagnosis

2). Does the subject have normal cognition (no MCI, dementia, or other neurological condition resulting in cognitive impairment)?

Yes (If yes, skip to #20) No (If no, continue to #3)

3). Does the subject meet criteria for dementia (in accordance with standard criteria for dementia of the Alzheimer's type or other non-Alzheimer's dementing disorders)?

Yes (If yes, skip to #5) No (If no, continue to #4)

4). If the subject does not have normal cognition and is not clinically demented, indicate the type of cognitive impairment (Choose only one impairment from items 4a through 4e as being "present."):

4a. Amnestic MCI - memory impairment only Present

4b. Amnestic MCI - memory plus one or more other domains Present

(If present, check one or more domain boxes "yes" and check all other domain boxes "no")

<u>Domains</u>	<u>Yes</u>	<u>No</u>
Language	<input type="checkbox"/>	<input type="checkbox"/>
Attention	<input type="checkbox"/>	<input type="checkbox"/>
Executive function	<input type="checkbox"/>	<input type="checkbox"/>
Visuospatial	<input type="checkbox"/>	<input type="checkbox"/>

4c. Non-amnestic MCI - single domain Present

(If present, check only one domain box "yes;" and check all other domain boxes "no")

<u>Domains</u>	<u>Yes</u>	<u>No</u>
Language	<input type="checkbox"/>	<input type="checkbox"/>
Attention	<input type="checkbox"/>	<input type="checkbox"/>
Executive function	<input type="checkbox"/>	<input type="checkbox"/>
Visuospatial	<input type="checkbox"/>	<input type="checkbox"/>

4d. Non-amnestic MCI - multiple domains Present

(If present, check only one domain box "yes;" and check all other domain boxes "no")

<u>Domains</u>	<u>Yes</u>	<u>No</u>
Language	<input type="checkbox"/>	<input type="checkbox"/>
Attention	<input type="checkbox"/>	<input type="checkbox"/>
Executive function	<input type="checkbox"/>	<input type="checkbox"/>
Visuospatial	<input type="checkbox"/>	<input type="checkbox"/>

4e. Impaired, not MCI Present



MR#

0

VISIT DATE

MM / DD / YYYY

Clinician's packet #2, V. 18, page 5 of 8

Place Label Here
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- 5). Probable AD (NINCDS/ADRDA)
6). Possible AD (NINCDS/ADRDA)
7). Dementia with Lewy bodies
8). Vascular dementia (NINDS/AIREN)
9). Post-traumatic dementia
10). Alcohol-related dementia
11). Dementia of undetermined etiology
12). Frontotemporal dementia
13). Primary progressive aphasia
14). Progressive supranuclear palsy
15). Corticobasal degeneration
16). Prion disease
17). Cognitive dysfunction from medications
18). Cognitive dysfunction from medical illness

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MR#

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VISIT DATE

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MM

DD

YYYY

Clinician's packet #2, V. 18, page 6 of 8

Place Label Here

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19). Down's syndrome

Present

If present: Primary Contributing Non-contributing

20). Huntington's disease

Present

If present: Primary Contributing Non-contributing

21). Depression

Present

If present: Primary Contributing Non-contributing

22). Other major psychiatric illness

Present

If present: Primary Contributing Non-contributing

23). Parkinson's disease

Present

If present: Primary Contributing Non-contributing

24). Stroke

Present

If present: Primary Contributing Non-contributing

25). Hydrocephalus

Present

If present: Primary Contributing Non-contributing

26). Head trauma

Present

If present: Primary Contributing Non-contributing

27). CNS neoplasm

Present

If present: Primary Contributing Non-contributing

28). Other

Present (specify) _____

If present: Primary Contributing Non-contributing



MR# 0

VISIT DATE

MM

DD

YYYY

Clinician's packet #2, V. 18, page 7 of 8

Place Label Here

(OFFICE USE ONLY)**MEDICATIONS**

Cognitive Enhancers	Add	Continue	Stop	New Dose	Target Dose	Comments
Donepezil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Starter pack <input type="text"/> <input type="text"/> mg Daily	
Rivistagmine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Starter pack <input type="text"/> . <input type="text"/> mg BID	
Galantamine IR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Starter pack <input type="text"/> <input type="text"/> mg BID	
Galantamine ER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Starter pack <input type="text"/> <input type="text"/> mg Daily	
Memantine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Starter pack <input type="text"/> <input type="text"/> mg BID	
Other Treatments	Add	Continue	Stop	New Dose	Comments	
ACE Inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Anticonvulsants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Foltx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hydergine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Neuroleptics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SSRIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other Antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Statin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thiamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Vitamin E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Presently on (check all that apply)				<input type="checkbox"/> Anticholinergics <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Muscle relaxants <input type="checkbox"/> Narcotics		
Wean off (check all that apply)				<input type="checkbox"/> Anticholinergics <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Muscle relaxants <input type="checkbox"/> Narcotics		

Draft



MR# 0

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Clinician's packet #2, V. 18, page 8 of 8

Place Label Here
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Impression and Plan

See prior page for medication changes.

Horizontal lines for writing the Impression and Plan.

Evaluation

- MRI Head, MRA, CT Head, CTA, Labs for risk factors & reversible causes of dementia, EEG, Polysomnography, Lumbar Puncture

Other

Consults

- Neuropsychology, Driving Evaluation, Do not drive, Movement Disorders, Occupational Therapy, Physical Therapy, Psychiatry, Social Services, Speech Language Pathology

Provider Signature:

Provider #

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