The Memory Problem

(may be completed by patient/spouse/caregiver/friend/family member)

Patient Name: _____

My name is: _____ Relationship to patient***:*** _____

Instructions: The answers to the following questions help the doctor put the whole story together. Include details of specific changes and when they began. **The information can be provided by the patient and/or someone who has the most accurate and updated observations/information. Please print.**

1. What were the very first signs that something had changed in the person's memory and behavior? When were changes noticed?

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2. Please describe all other signs of problems with memory and behavior (anger, agitation, apathy), along with the approximate time that they developed. (For example: couldn't balance the checkbook starting about three years ago; got lost going to the mall six months ago) Write on the reverse side of the sheet if you need more space.

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Initial and Date: _____