**DementiaBank Medical Information Form**

|  |  |
| --- | --- |
| **Person Completing Form** |  |
| **Role** |  |
| **Date Completed** |  |

**Dementia (due to any cause)**: The patient has cognitive or behavioral symptoms that meet all of the following criteria:

Impairment in one or more cognitive domains (memory, language, executive function, attention, and visuospatial skills) determined by 1) history taking and 2) objective cognitive assessment (bedside or neuro-psych testing). Cognitive and behavioral symptoms interfere with ability to function as before at work or usual activities. Cognitive and behavioral symptoms represent a decline in previous levels of function. Cognitive and behavioral symptoms cannot be explained by delirium or major psychiatric disorder

[ ] No

[ ] Yes

|  |
| --- |
| **Reports of Cognitive or Behavioral Symptoms**  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Role of Person who Determined Criteria:** |  |
| **Date Decided:** |  |

**Dementia Syndrome Present Present**

|  |  |
| --- | --- |
| Amnestic multidomain | [ ]  |
| Posterior cortical atrophy syndrome (or primary visual presentation) | [ ]  |
| Primary progressive aphasia (PPA) syndrome | [ ]  |
| Meet criteria for semantic PPA | [ ]  |
| Meet criteria for logopenic PPA | [ ]  |
| Meet criteria for nonfluent/agrammatic PPA | [ ]  |
| PPA other/NOS | [ ]  |
| Behavioral variant FTD syndrome | [ ]  |
| Lewy body dementia syndrome | [ ]  |
| Non-amnestic multidomain dementia, none of the above  | [ ]  |

**Mild Cognitive Impairment:** The patient does not meet criteria for dementia and has cognitive and behavioral symptoms that meet criteria for MCI:

Impairment in one or more cognitive domains (memory, language, executive function, attention, and visuospatial skills) determined by 1) history taking and 2) objective cognitive assessment (bedside or neuro-psych testing). Independence in functional activities is largely preserved (no change from prior manner of functioning or uses minimal aids and assistance) The patient, care partner, or clinician is concerned about a change in the patient’s cognition compared to their previous level. Cognitive and behavioral symptoms cannot be explained by delirium or major psychiatric disorder

[ ] No

[ ] Yes

|  |
| --- |
| **Reports of Cognitive or Behavioral Symptoms**  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Role of Person who Determined Criteria:** |  |
| **Date Decided:** |  |

**MCI Type**

|  |  |
| --- | --- |
| Amnestic MCI, Single Domain | [ ]  |
| Amnestic MCI, Multiple Domains *(check yes for at least one additional domain besides memory)* | [ ]  |
| Non-amnestic MCI, Single Domain *(check yes to indicate the affected domain)* | [ ]  |
| Non-amnestic MCI, Multiple Domains *(check yes to at least 2 domains)* | [ ]  |
| **Affected Domains MCI** |
| Language | [ ]  |
| Attention | [ ]  |
| Executive | [ ]  |
| Visuospatial | [ ]  |

**Neurotypical Older Adult:** The patient does not meet criteria for dementia or MCI and meets criteria for neurotypical:

There is not an impairment in one or more cognitive domains (neuropsychological testing within normal range) Independence in functional activities is largely preserved (no change from prior manner of functioning or uses minimal aids and assistance) No presence of delirium or major psychiatric disorder

[ ] No

[ ] Yes

Is the patient concerned about a change in cognition compared to their previous level?

[ ] No

[ ] Yes

|  |
| --- |
| **Reports Used to Determine** |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Role of Person who Determined Criteria:** |  |
| **Date Decided:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Present | Primary | Contributing | Non-Contributing |
| Alzheimer’s Disease | [ ]  | [ ]  | [ ]  | [ ]  |
| Lewy Body Disease/Parkinson’s Disease | [ ]  | [ ]  | [ ]  | [ ]  |
| Frontotemporal lobal degeneration | [ ]  | [ ]  | [ ]  | [ ]  |
| Progressive supranuclear palsy (PSP) | [ ]  | [ ]  | [ ]  | [ ]  |
| Corticobasal degeneration | [ ]  | [ ]  | [ ]  | [ ]  |
| FTLD | [ ]  | [ ]  | [ ]  | [ ]  |
| Vascular Brain Injury (previous symptomatic stroke/confirmation of stroke by neuroimaging) | [ ]  | [ ]  | [ ]  | [ ]  |
| Essential Tremor | [ ]  | [ ]  | [ ]  | [ ]  |
| Down Syndrome | [ ]  | [ ]  | [ ]  | [ ]  |
| Huntington’s Disease | [ ]  | [ ]  | [ ]  | [ ]  |
| Prion Disease (CJD, other) | [ ]  | [ ]  | [ ]  | [ ]  |
| TBI | [ ]  | [ ]  | [ ]  | [ ]  |
| Normal-pressure hydrocephalus | [ ]  | [ ]  | [ ]  | [ ]  |
| Epilepsy | [ ]  | [ ]  | [ ]  | [ ]  |
| CNS neoplasm | [ ]  | [ ]  | [ ]  | [ ]  |
| Human Immunodeficiency Virus (HIV) | [ ]  | [ ]  | [ ]  | [ ]  |
| Cognitive impairment due to other neurologic, genetic, or infections conditions | [ ]  | [ ]  | [ ]  | [ ]  |

**Section 2: Etiologic Diagnoses**