

<b>CLINICAL DETAILS</b>	<b>Medical Screening</b> cardiac, blood pressure, cholesterol, smoking	<b>Neurological Screening</b> birth/milestones, head injury, epilepsy, loss of consciousness, funny turns. Check for ictal/post-ictal amnesia.		<b>COGNITION, EMOTION &amp; MOTIVATION</b>		<b>Concentration</b> Gives up or is distracted easily. Daydreams. Difficulty driving & talking. Flips between tasks. Falls asleep watching TV. Mind wanders during reading, group conversation. Goes off at tangent in a conversation.	<b>Speech</b> Word-finding – high frequency words, getting stuck OR word substitutions, transient. Returns after a while or with cues. Mispronounces words. Speech comprehension.
Sleep, Tiredness.	<b>Psychiatric Screening</b> Taken anti-depressants, seen psychiatrist. Recent stressful life events, family history.	<b>Family History of Neurological Disease</b>		<b>Current medication –</b>			<b>Other Language</b> Reading Writing Spelling Calculation skill
Change in food prefs. Alcohol abuse, illicit drugs	<b>Memory - frequency, severity, change</b> Forgets deaths of family/friends, pets, people in news. Forgets holidays.	Repeatedly asks what day it is Forget messages. Forget appointments. Forget to take medication.	Repeats self 3 or more times a day, most days Uncharacteristic difficulty in learning new gadgets/pieces of equipment	Where items are kept at home, supermarket Navigation problems – way back to, within hotel if on holiday. After shopping – finding car.	Memory difficulties when reading books or watching TV Due to memory, cannot now do things did before - ADL, job, hobbies, DIY.		
Headache, Backache, Stomach ache, Dizziness	<b>Hobbies, interests, music, sports, achievements, holidays</b> Media exposure (TV, radio, papers, internet)		<b>Education – best / worst subjects, number of exam passes, reading-writing problems</b>				
<b>INSTRUMENTAL ACTIVITIES OF DAILY LIVING &amp; EXECUTIVE FUNCTION</b>	<b>Occupation (first, best, last)</b> <b>Premorbid Strengths / Weaknesses</b>		<b>Medical &amp; Psychiatric History.</b>		<b>Family History</b>	<b>R-L Hand</b>	<b>Reading Glasses</b>
<b>Occupational Adjustment</b> Technical, dealing with people, stressful events. Learning new routines, evidence from superiors or colleagues.	<b>Early Symptoms:</b> <b>Frequency during the day:</b>		<b>Duration:</b>	<b>Change over time:</b> <b>Frequency during the week (e.g. daily?):</b>			<b>Vision, Hearing, etc.</b> Double vision Visual neglect Photophobia Phonophobia Smell, Taste, Libido Motor/Balance issues
	<b>Purpose is to probe memory, to assess speech, and to build rapport. With OP, when did you leave home? With I/P, when were you admitted, tests, visitors? Start off with general conversation about Hobbies/Sports, Holidays, Tests, Treatment (including medication) and TV. Ask Who, When, Where questions. See below for further questions ***</b>						
	<b>Purpose of assessment</b> (reason for referral). <b>Nature of assessment</b> (cognitive, not psychiatric). <b>Test procedures</b> (what's involved, time to prepare & score). <b>How patient feels about testing.</b> <b>Use of info</b> (clinical, audit, etc). <b>Confidentiality</b> (who will get info). <b>Feedback</b> (when given, they get copy of report). <b>Home situation.</b> <b>If recording, consent to record.</b>						
<b>Mental slowing. Making Decisions. Planning. Dealing with problems.</b>							<b>Depressed -</b> Feels sad. Libido down. Seldom laughs. Eating/drinking change Sleep disturbed, Suicidal. Indecisive. -ve about past, future. Tearful. a.m. worse. Lost interest in pastimes, leisure and appearance.
<b>Driving &amp; related</b> Accidents/near accid. Recall parked car. Navigating familiar & unfamiliar routes. Use of satnav.							<b>Motivation</b> Past hobbies/pastimes Hygiene, cleanliness Change of clothes. Eating
<b>Cooking &amp; for several people.</b> Leaves equipment on.							<b>Tolerance level</b> Verbal - anger Physical - aggression
<b>Change in ability to use TV, DIY equipment, kitchen appliances</b>							<b>Anxiety</b> Panic Attacks Chronic Anxiety
<b>Make/answer phone calls.</b> Use all features of mobile phone.							<b>Disinhibition</b> Verbal, social, financial, toilet, sexual.
<b>Use of computer, internet, email</b>							<b>Obsessionality/ Stereotyped Behaviour</b> Obsessional thinking/ruminations
<b>Shopping in shops and online.</b> Handling coins. Dealing with bills, bank accounts							<b>Emotional Lability</b> Spontaneous or triggered by event
<b>Eating habits and preferences.</b> Table manners.							<b>Worried Well –</b> <i>What it is not – fatal, 'mad'. Genuine - not making up, common, 'functional'.</i> <i>Reversible. Because brain is physically intact, things can be done to help.</i>
<b>Bath, shower, shave, make-up.</b>							
<b>Dressing - ability, appropriate</b>	IN THE CASE OF THOSE WHO HAVE LIMITED FLUENCY IN ENGLISH, OR HAVE MINIMAL EDUCATION OR ARE FROM ANOTHER CULTURE, TRY TO GET INFORMATION FROM 1-2 INFORMANTS						
<b>Lacks judgement when buying items, responding to offers, gambling</b>	<b>*** 1. Doctors seen before – names, when, content. Drug history – what, when</b>	<b>2. What had for supper yesterday evening</b> Tests, Scans, etc – when & am/pm, who else there	<b>3. Recent holidays/trips – when, incidents-events from episode or journey to/from.</b>	<b>4. Ages – self, spouse, children, grand-children (&amp; names)</b>	<b>5. Day Month Year (Date)</b>		
<b>Any activities spouse has had to over</b>	<b>6. Provide names of personalities who have died .....ask if familiar, and for details. Note media exposure.</b> Princess Diana, Maggie Thatcher, Nelson Mandela, Michael Jackson, Osama Bin Laden, Mohammad Ali						<i>Effects of fatigue, stress, hypervigilance, pain. How states of mind &gt; physical symp</i>
<b>Coping on holidays</b>	<b>7. Reading books - ask for title, author, content of current book or last one read. TV programme recently watched.</b> <b>8. Prime Minister, Leader of Opposition, USA President, Queen's children. Charles' partner &amp; children.</b> <b>9. Prime Ministers &amp; US Presidents in recent years; Royal family members; Current London mayor.</b>						<i>Software-hardware, car / piano out of tune</i>
<i>After poor performance ask about concentration during testing</i>	<b>MALINGERING-I.</b> If appropriate, warn beforehand about need for maximum effort & that poor effort can be detected. Establish good rapport. Bad news, some scores very low. Good news, low scores due to non-neuro treatable factors.	<b>MALINGERING-II.</b> Perhaps due to the stress they are going through, some find it difficult to be fully engaged and to stay motivated during testing, and this can affect their concentration and the amount of effort they put into a test. Do you think this applied in your case?			<b>Anger – S.T.O.P. Stop. Think. Other Perspectives. Other Possible actions. Refrain, Reframe, Remove mentally/physically from situation</b>		<b>Problem Solving – S.T.O.P. Stop Think Organize – what to do Plan – when, how</b>
<i>Say to the patient they have 'done well' to be Patient, Positive, Persevere. Encourage them to Accept, Adapt to, Embrace, show Self-Compassion to situation. Cognitive Reframing, Humour, Support Groups / Organizations, Adjust Goals &amp; Expectations. Spiritual or Charitable Activities, Meditation – these need to be advised as appropriate, and with sensitivity to individuals &amp; context.</i>							