Dear Doctor:

I would like to make you aware of some of my concerns about my memory. I have answered yes and no to the following questions.

I am concerned about my memory. YES NO

My memory is getting worse over time. YES NO

I am having trouble remembering names. YES NO

I am having trouble remembering dates. YES NO

I am having trouble remembering appointments. YES NO

I can’t remember the correct word. YES NO

I forget how to use household items. YES NO

I forget to take my medications. YES NO

Sometimes I don’t recognize my family. YES NO

**I have trouble……(**check all that apply)

\_\_\_\_Cooking \_\_\_\_Taking a bath/showering by myself

\_\_\_\_Cleaning \_\_\_\_Managing my checkbook

\_\_\_\_Shopping \_\_\_\_Remembering to take my medication

\_\_\_\_Using appliances

**I still drive YES NO** (if yes, answer the following questions)

I have gotten lost while driving YES NO

I have had an accident in the past two years. YES NO

I have gotten the gas pedal and brake mixed up. YES NO

Sometimes I don’t remember how to drive YES NO

**I don’t feel like myself** YES NO

I feel tired all the time YES NO

I feel sad and blue much of the time YES NO

I would rather stay at home now YES NO

**I have the following questions:**

Could this be caused by medication?

Could this be a medical problem?

Will you refer me to a specialist?

If this is a memory problem such as a dementia (Alzheimer’s disease), is there

 medication to help my memory?

Since I don’t remember quite as well now, would **you write your answers down** or **talk to my family**? (circle one or both of the phrases in bold).

Thank you,

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 Name Date