NORTON NEUROSCIENCE INSTITUTE

Patient name:_____

DOB:_____

Date of Service: _____

Norton Neuroscience Institute – Memory Center

4915 Norton Healthcare Blvd, 3rd Floor
Medical Plaza III

Name of person completing this form:_____Relation to patient: _____

To best address your needs at this visit, please answer the following questions:

For New Patients, are you experiencing any of the following? ***For Returning Patients, are any of the following symptoms new or worsening?***	**Yes**	**No**	**Don't Know**
Does the patient have problems with memory and thinking?			
Does the patient repeat the same things over and over (questions, stories)?			
Does the patient have trouble with judgment (making decisions, bad financial decisions, and problems with thinking)?			
Does the patient have trouble finding words, expressing themselves or understanding speech?			
Does the patient get disoriented or lost?			
Does the patient have trouble learning how to use a tool, appliance, etc.?			
Does the patient have trouble planning and organizing activities (meals, housekeeping)?			
Does the patient have trouble taking his/her medications correctly?			
Does patient have delusions (false beliefs you know are not true)?			
Does patient have hallucinations (seeing, hearing, smelling things that aren't there)?			
Is driving a concern?			

What are the main issues you would like addressed at this visit?

_____

_____

Are there any concerns you would prefer not to be discussed in front of the patient? YES NO
Please list here:

_____

_____

Medicare will now recognize and cover certain types of Caregiver Education. Visits will be conducted with only the caregiver present. Are you are interested in scheduling this type of visit? YES NO

Thank you for visiting Norton Neuroscience Institute – Memory Center