

MEMORY INVESTIGATION SERVICE

Additional Information

Activities of Daily Living			
Eating	<input type="checkbox"/> Independent	<input type="checkbox"/> Requires Assistance	<input type="checkbox"/> Dependent
Bathing / Grooming	<input type="checkbox"/> Independent	<input type="checkbox"/> Requires Assistance	<input type="checkbox"/> Dependent
Mobility	<input type="checkbox"/> Independent	<input type="checkbox"/> Requires Assistance	<input type="checkbox"/> Dependent
Toileting	<input type="checkbox"/> Independent	<input type="checkbox"/> Requires Assistance	<input type="checkbox"/> Dependent
Walking Aids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Continent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Instrumental Activities of Daily Living			
Telephone Use	<input type="checkbox"/> Independent	<input type="checkbox"/> Requires Assistance	<input type="checkbox"/> Dependent
Shopping	<input type="checkbox"/> Independent	<input type="checkbox"/> Requires Assistance	<input type="checkbox"/> Dependent
Food Preparation	<input type="checkbox"/> Independent	<input type="checkbox"/> Requires Assistance	<input type="checkbox"/> Dependent
Housekeeping	<input type="checkbox"/> Independent	<input type="checkbox"/> Requires Assistance	<input type="checkbox"/> Dependent
Laundry	<input type="checkbox"/> Independent	<input type="checkbox"/> Requires Assistance	<input type="checkbox"/> Dependent
Transport	<input type="checkbox"/> Independent	<input type="checkbox"/> Requires Assistance	<input type="checkbox"/> Dependent
Handling Finances	<input type="checkbox"/> Independent	<input type="checkbox"/> Requires Assistance	<input type="checkbox"/> Dependent

Additional Information			
Onset of symptoms	<input type="checkbox"/> Gradual	<input type="checkbox"/> Abrupt	
Level of insight – Patient	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor
Level of insight - Informant	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor
Short-term memory	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor
Long-term memory	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Poor
Hallucinations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Delusions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
History and timeline of presenting symptoms:			
Other information (if required):			

Please attach to Memory Investigation Service referral and forward to the following service:

<p>Hunter New England Local Health District</p> <p>Cognition and Memory Service</p> <p>Out-patient / community referral: CNC Psychogeriatrics</p> <p>In-patient referral only: CNC Dementia/Delirium (Acute Settings)</p> <p>Phone: 02 6767 8100 Fax: 02 6767 8080</p> <p>Neuropsychologist</p> <p>Phone: 02 6776 9600 Fax: 02 6776 9750</p>
