JBN Memory Health Clinic Consultation

Internal Medicine - Respirology – Geriatrics –Allergy – Immunology – Asthma – Bariatric Medicine
Health Clinics - Clinical Research - Cardiac Diagnostics

Dr. W.A. Nisker / Dr. J.C. Berlingieri / Dr. M. Cyr / Dr. M. Messieh

PATIENT NAME:_____
DATE OF VISIT:_____
DRIVING STATUS/DETAILS:_____

MEDICATIONS:_____

ALLERGIES/ADVERSE REACTIONS:_____

MEDICAL CONDITIONS (PREVIOUS DIAGNOSIS):_____

HISTORY OF STROKE OR HEAD INJURY:_____

FAMILY HISTORY OF DEMENTIA:_____

ALCOHOL USE/HISTORY:_____
SMOKING USE/HISTORY:_____

ONSET AND PROGRESSION OF MEMORY PROBLEMS:_____
HOBBIES, INTERESTS OR OCCUPATIONAL SKILLS:_____

RECOGNITION:_____

REPETITION:_____

ANGERY OUTBURSTS/FRUSTRATION:_____

WANDERING:_____

OTHER INCIDENTS/BEHAVIOURS:_____

INTEREST IN SPEAKING WITH A MEMBER OF THE ALZHEIMER'S SOCIETY:_____

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FUNCTIONAL AUTONOMY MEASUREMENT SYSTEM

PLEASE SELECT THE OPTION THAT BEST SUITS THE PATIENTS ABILITIES/FUNCTIONS.

1. EATING: □ Feeds self independently □ Feeds self independently with difficulty □ Feeds self but needs stimulation/supervision □ Needs some help to eat □ Must be fed	11. DONNING PROSTHESIS OR ORTHOSIS: □ Does not wear prosthesis or orthosis □ Dons them independently □ Dons them independently with difficulty □ Donning of them needs checking □ Must be put on by another person	21. BEHAVIOUR: □ Appropriate behaviour □ Minor behaviour problems-stubbourn etc. □ Major behaviour problems-aggression etc □ Dangerous, required restraint
2.WASHING: □ Washes self independently □ Washes self independently with difficulty □ Washes self but needs cueing/supervision □ Needs help for daily wash but participates □ Must be wash by another person	12.PROPELLING A WHEELCHAIR: □ Does not need a wheelchair □ Propels independently □ Propels independently with difficulty □ Needs to have wheelchair pushed □ Unable to use a wheelchair (transported)	22. HOUSEKEEPING: □ Does housekeeping alone □ Does housekeeping alone with difficulty □ Needs supervision for housekeeping □ Needs help for daily housework □ Does not do housework
3. DRESSING: □ Dresses self independently □ Dresses self independently with difficulty □ Dresses self but needs cueing/supervision □ Needs help dressing □ Must be dressed by another person	13. NEGOTIATING STAIRS: □ Goes up/down stairs alone □ Goes up/down stairs alone with difficulty □ Requires supervision/guidance □ Needs help going up/down stairs □ Does not negotiate stairs	23. MEAL PREPARATION: □ Prepares own meals □ Prepares own meals with difficulty □ Needs supervision preparing meals □ Only prepares light meals □ Does not prepare meals
4. GROOMING: □ Grooms self independently □ Grooms self independently with difficulty □ Grooms self but needs cueing/supervision □ Needs help for grooming □ Must be groomed by another person	14. VISION: □ Sees adequately with/without Corrective lens □ Visual problems, sees enough for ADLs □ Only sees outlines of objects □ Blind □ Not had vision assessment in past yr	24. SHOPPING: □ Plans & shops independently □ Plans & shops independently with difficulty □ Shops but needs delivery service □ Needs help to plan or shop □ Does not shop
5. URINARY FUNCTION: □ Normal voiding □ Occasional incontinence/dribbling □ Needs cueing to avoid urinary incontinence □ Frequent incontinence □ Complete urinary incontinence	15. HEARING: □ Hears adequately with/without hearing aid □ Hears if spoken to in a loud voice □ Only hears shouting □ Deaf □ Not had hearing assessment in past yr	25. LAUNDRY □ Does laundry independently □ Does laundry independently with difficulty □ Needs supervision/cueing for laundry □ Needs help with laundry □ Does not do laundry
6. BOWEL FUNCTION: □ Normal bowel function □ Occasional incontinence □ Needs cleaning or enema □ Frequent incontinence □ Always incontinent	16. SPEAKING: □ Communicated only in prevailing language □ Speech/language problem-able to express □ Major speech/language problems □ Unable to communicate verbally	26. TELEPHONE: □ Uses telephone independently □ Uses telephone with difficulty □ Only dials a few numbers-emergency □ Speaks but needs phone dialed/answered □ Does not use phone
7.TOILETING: □ Toilets self independently □ Toilets self with difficulty □ Needs supervision-toileting/uses commode □ Needs help using toilet/commode □ Does not use toilet/commode	17. MEMORY: □ Normal memory □ Minor recent memory deficits-recalls recent □ Serious memory lapses—stove, meds □ Almost total memory loss or amnesia	27. TRANSPORTATION: □ Able to use transportation alone-bus/taxi □ Able to use transportation with difficulty □ Must be accompanied □ Uses adapted vehicle, requires assistance □ Must be transported in ambulance
8. TRANSFERS: □ Gets in/out of bed alone □ Gets in/out of bed alone with difficulty □ Needs supervision/cueing- in/out of bed □ Needs help getting in/out of bed □ Bedridden (must be moved)	18. ORIENTATION: □ Oriented to time, place, people □ Sometimes disoriented to time, place, people □ Only oriented to immediate events □ Complete disorientation	28. MEDICATION: □ Takes medication according to prescription □ Takes medication with difficulty □ Needs weekly supervision/dispenser □ Needs to be prepared daily □ Must be given each dose
9. WALKING INSIDE: □ Walks independently (with/without cane etc) □ Walks independently with difficulty □ Walks independently but needs guidance □ Needs help from another person to walk □ Does not walk	19. COMPREHENSION: □ Understands instructions/requests □ Slow to understand instructions/requests □ Partial understanding if instructions/requests □ Requires repetition of instructions/requests □ Unaware of what's going on around them	29. BUDGETING: □ Manages budget independently □ Manages budget with difficulty □ Need supervision-major transactions □ Needs help for regular transactions □ Does not manage budget
10.WALKING OUTSIDE: □ Walks independently (with/without cane etc) □ Walks independently with difficulty □ Walks independently but needs guidance □ Needs help from another person to walk □ Does not walk	20. JUDGEMENT: □ Evaluated and makes sound decisions □ Evaluates, needs help making sound decisions □ Poorly evaluates and needs strong suggestion □ Unable to evaluate or make a decision	30. COMMENTS: _____ _____ _____ _____

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Mini Nutritional Assessment
MNA®

Last name: First name:

Sex: Age: Weight, kg: Height, cm: Date:

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening

A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?
0 = severe decrease in food intake
1 = moderate decrease in food intake
2 = no decrease in food intake ☐

B Weight loss during the last 3 months
0 = weight loss greater than 3 kg (6.6 lbs)
1 = does not know
2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs)
3 = no weight loss ☐

C Mobility
0 = bed or chair bound
1 = able to get out of bed / chair but does not go out
2 = goes out ☐

D Has suffered psychological stress or acute disease in the past 3 months?
0 = yes 2 = no ☐

E Neuropsychological problems
0 = severe dementia or depression
1 = mild dementia
2 = no psychological problems ☐

F1 Body Mass Index (BMI) (weight in kg) / (height in m^2)
0 = BMI less than 19
1 = BMI 19 to less than 21
2 = BMI 21 to less than 23
3 = BMI 23 or greater ☐

IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2.
DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.

F2 Calf circumference (CC) in cm
0 = CC less than 31
3 = CC 31 or greater ☐

Screening score ☐☐
(max. 14 points)

12-14 points:	Normal nutritional status
8-11 points:	At risk of malnutrition
0-7 points:	Malnourished

Ref. Vellas B, Villars H, Abellan G, et al. *Overview of the MNA® - Its History and Challenges*. J Nutr Health Aging 2006;10:456-465.

Rubenstein LZ, Harker JO, Salva A, Guigoz Y, Vellas B. *Screening for Undernutrition in Geriatric Practice: Developing the Short-Form Mini Nutritional Assessment (MNA-SF)*. J. Geront 2001;56A: M366-377.

Guigoz Y. *The Mini-Nutritional Assessment (MNA®) Review of the Literature - What does it tell us?* J Nutr Health Aging 2006; 10:466-487.

For more information: www.mna-elderly.com

JBN Specialist Clinics

Internal Medicine - Critical Care – Respirology – Geriatrics - Allergy – Immunology – Asthma - Bariatric Medicine
Health Clinics - Clinical Research - Cardiac Diagnostics

Dr. W.A. Nisker Dr. J.C. Berlingieri Dr. M. Messieh Dr. M. Cyr

1. **Name**: _____
2. Do you have any **problems related to bone health**? No/Yes (please specify):
   _____
3. Are you on any **bone health medications**? No/Don't Know/Yes (please specify):
   _____
4. **Age**: _____ **Sex**: M/F
5. **Height**: _____ (ft, in/cm) **Weight**: _____ (lb/kg) **BMI**:_____

Clinical Risk Factors

For questions 6-12 (each question counts as 1 risk factor), add your risk factors up to determine your total number of Clinical Risk Factors (CRF)

6. **Previous fracture (including compression fractures indicated on X-ray) or height loss since mid 20's of more than 2.5 in/6 cm (women) or 1.5 in/4 cm (men)**? No/Yes (location?):
   _____
7. **Parental hip fracture**? No/Yes (Mother/Father)
8. Current **smoker**? No/Yes
9. Any glucocorticoid use (either orally or as nasal sprays) (**Hydrocortisone (Cortisol**)/Cortisone acetate/**Prednisone**/**Prednisolone**/Methylprednisolone/Dexamethasone/Betamethasone/ Triacinolone/Beclometasone/Fludrocortisone acetate/Deoxycorticosterone acetate (DOCA)/Aldersterone)? No/Yes (please specify):_____
10. **Rheumatoid arthritis (NOT OSTEOARTHRITIS)**? No/Yes
11. Do you have any of these conditions: **insulin dependent diabetes**/osteogenesis imperfect/untreated long-standing **hyperthyroidism/low sex hormone levels/menopause before age 45**/chronic malnutrition/malabsorption/**BMI<20/chronic liver disease**? No/Yes (please specify):
    _____
12. **3 or more units of alcohol per day** [1 unit equals one standard glass of beer (285mL, 9-10 oz), 1 shot of spirits (30mL, 1 oz), one medium glass of wine (120mL, 4 oz)]? No/Yes (please specify):_____

Total Number of Clinical Risk Factors (CRF)? 0/1/2/3/4/5/6/7

13. Have you had a **femoral neck** bone mineral density (BMD) **in the past year**? No/Not sure/Yes but do not know results/Yes (T-Score?): _____
14. **(Official use only, do not fill)**
    10 year probability of osteoporotic fractures (please round **age up** and **BMI down**): _____%

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