JBN Memory Health Clinic Consultation

Internal Medicine - Respiratory - 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: ___________________________

Angry Outbursts / Frustration: ___________________________

Wandering: ___________________________

Other Incidents / Behaviors: ___________________________

_________________________

Interest In Speaking With a Member of The Alzheimer’s Society: ___________________________