

## MEMORY INVESTIGATION SERVICE Additional Information

<b>Activities of Daily Living</b>			
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	

<b>Instrumental Activities of Daily Living</b>			
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

<b>Additional Information</b>			
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 send to **ONE** of the following services:

**Hunter New England LHD  
Cognition and Memory Service**  
Armidale Community Health  
Phone: 02 6776 9600  
**Fax: 02 49236541**

CNC Dementia  
Phone: 02 6776 9602 (Direct)

Neuropsychologist  
Phone: 02 6776 9752 (Direct)

**OR**

**HealthWISE  
Memory Assessment Program (MAP)**  
PO Box 1321, Armidale NSW 2350  
Phone: 02 6771 1146  
**Fax: 02 6771 1170**

MAP Coordinator  
Phone: 02 6771 1146