

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 send to **ONE** of the following services:

<p>Hunter New England LHD Cognition and Memory Service Dementia Support Worker Phone: 02 6721 9600 Fax: 02 6721 9580</p> <p>CNC Dementia Neuropsychologist Phone: 02 6776 9600 Fax: 02 49236541</p>
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OR

<p>HealthWISE Memory Assessment Program (MAP) MAP Coordinator</p> <p>PO Box 1321, Armidale NSW 2350 Phone: 02 6771 1146 Fax: 02 6771 1170 Or via Medical Objects</p>
