COGNITIVE IMPAIRMENT IN THE ELDERLY FLOW SHEET

This optional Flow Sheet is based on the Guideline,
Cognitive Impairment in the Elderly – Recognition, Diagnosis and Management
Web site: www.BCGuidelines.ca

BRITISH COLUMBIA The Best Place on Earth | Ministry of Health

BRITISH COLUMBIA MEDICAL ASSOCIATION | Guidelines & Protocols Advisory Committee

NAME OF PATIENT	SEX ☐ M ☐ F	DATE OF BIRTH	EDUCATION
DIAGNOSIS		DATE OF DIAGNOSIS	OCCUPATION

CARE OBJECTIVES

RISK FACTORS AND CO-MORBID CONDITIONS

☐ Obesity
☐ Smoker
☐ Alcohol
☐ Diabetes
☐ HTN
☐ CAD
☐ Atrial fib
☐ Asthma
☐ COPD
☐ Renal disease
☐ Depression
☐ Other: _____

Baseline Investigations (✓ when done; normal or add values prn)

☐ FBG _____
☐ TSH _____
☐ eGFR _____
☐ CBC _____
☐ B_{12} _____
☐ Ca _____
☐ STS _____
☐ ECG _____
☐ Other _____
_____

SMMSE Score: _____ Date: _____

MoCA Score: _____ Date: _____

SELF MANAGEMENT (Discuss with patient & caregiver)

☐ Define management goals (Risk factor reduction; Treat co-morbid conditions; case management)
☐ Functional status (Baseline & review at each visit)

IADLs:
- Housework
- Meal prep
- Shopping
- Transportation
- Finances
- Managing meds

ADLs:
- Bathing/Toileting
- Dressing
- Mobility

☐ Supports (home care, family, case manager, living situation)
☐ Caregiver issues (behaviour/sleep/mood)
☐ Living will/DNR discussion

VISITS

DATE	BP	HR	WEIGHT Lbs | Kg	(Review care objectives, management goals, functional status, symptoms, medications/pharmacy)
				BASELINE
				REVIEW CLINICAL ACTION PLAN

ANNUALLY

VACCINATIONS

Annual Flu: DATE _____ DATE _____ Pneumovax: DATE _____

HLTH/BCMA 6009 (06/07)

DIAGNOSTIC CODE (Dementia): 290

*For information on billing incentive fees, please visit www.health.gov.bc.ca/phc