A. Review HRA, clinician observation, self-reported concerns, responses to queries

- **Yes**: Signs/symptoms present
  - **No**: Informant available to confirm
    - **Yes**: Follow-up during subsequent AWV
    - **No**: C. Refer OR Conduct full Dementia Evaluation

B. **Conduct brief structured assessment**
   - Patient Assessment: Mini-Cog or GPCOG or MIS
   - Informant assessment of patient: Short IQCODE, AD8 or GPCOG

Brief assessment(s) triggers concerns:
- Patient: Mini-Cog ≤3 or GPCOG <8 or MIS≤4 or
- Informant: Short IQCODE ≥ 3.38 or AD8 ≥ 2 or GPCOG informant score ≤3 with patient score <8

C. Refer OR Conduct full Dementia Evaluation

* No one tool is recognized as the best brief assessment to determine if a full dementia evaluation is needed. Some providers repeat patient assessment with an alternate tool (eg, SLUMS, or MoCA) to confirm initial findings before referral or initiation of full dementia evaluation.

AWV = Annual Wellness Visit; GPCOG = General Practitioner Assessment of Cognition; HRA = Health Risk Assessment; MIS = Memory Impairment Screen; MMSE = Mini Mental Status Exam; MoCA = Montreal Cognitive Assessment; SLUMS = St. Louis University Mental Status Exam; Short IQCODE = short Informant Questionnaire on Cognitive Decline in the Elderly