Care Consultation Pre-Meeting Form

Note: Please return this document, via email, fax (314-432-3824) or mail before your Care Consultation meeting.

Care Consultation date/time: ________________________________
Name of person with dementia ________________________________
Care partner: ________________________________

Indicate any areas of special concern that you most want to address during the session:

1. _____________________________________________________________________________________

2. _____________________________________________________________________________________

3. _____________________________________________________________________________________

Please note any special issues that might impact the development of the Action Plan

____Alcohol or drug dependency  ____Family conflict  ____Person with dementia has MR/DD
____History of Mental Illness  ____Gambling addiction  ____Abuse, neglect, exploitation
____Caregiver denial  ____PWD in denial  ____Resistance to care/support

Comments: ____________________________________________________________
                                                                                             ____________________________________________________________
                                                                                             ____________________________________________________________
                                                                                             ____________________________________________________________

Please add anything else you would like us to know about you or your loved:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Indicate topics of interest for which you need more information:

Activities of Daily Living:
- Activities
- Bathing
- Dressing
- Meals / Nutrition / Problem with Eating
- Bill paying / money management
- Toileting / Incontinence
- Mobility

Behavior Issues:
- Agitation (Aggressive / Violent / Angry)
- Behavioral/Psychiatric AD Symptoms
- Communication
- Denial
- Depression
- Hallucinations and Paranoia
- Repetitive Actions
- Sleeping Problems
- Wanting to Go Home

Chapter Programs:
- Early Stage Programs
- Education Programs
- Respite Program (time off or products)
- Support Groups (IL & MO)

Diagnosis / Medical:
- Diagnosis Packet
- Geriatric Assessment Programs (IL & MO)
- Internists for People with Dementia
- Neurologists
- Psychiatrists for People with Dementia
- Dentists for People with Dementia
- Hospitalization
- Medicare / Health Insurance Info (IL & MO)
- Research Packet

End of Life Issues:
- End of Life Decisions
- Hospice Agency Packet (IL & MO)
- Grief Packet (IL & MO)

Legal and Financial Planning:
- Referral to an Attorney
- Durable Power of Attorney
- Guardianship / Conservatorship
- Medicaid
- Money Management Resources

Nursing home placement:
- Assisted Living / Residential Care
- Continuum of Care Retirement Communities
- Nursing home listings
- Short-Term Respite Care Facilities
- Nursing home tour
- Admission process
- Payment options
- Resident’s rights / Quality of care
- Adjustment issues

Respite Care (Care for the Caregiver)
- In-Home services
- Home Assistance and Personal Care Services
- In-Home Companion (Non-Agency Info)
- Adult Day Care (and Overnight respite)

Safety Issues:
- Driving
- Using the stove
- Safety-proofing the home
- Weapons / dangerous objects in the home
- Medication management
- Wandering / Getting lost (MA+SR)
- Falls

General / Miscellaneous Issues:
- Alzheimer’s Disease Stages
- Children and Teens