Preparing for Your Doctor's Visit

Fill out the information below to the best of your ability. Share it with your doctor. Be open and honest in answering any questions your doctor may ask you about the changes you’ve been experiencing.

Has your health, memory or mood changed?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

How did it change?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

When did you first notice the change?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

How often does it happen?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

When does it happen? Is it always at a certain time of day?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

What do you do when it happens?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

What behaviors are the same?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Do you have problems with any of the following?

Please check the answer.

Repeating or asking the same thing over and over?

☐ Not at all ☐ Sometimes ☐ Frequently ☐ Does not apply

Remembering appointments, family occasions, holidays?

☐ Not at all ☐ Sometimes ☐ Frequently ☐ Does not apply

Writing checks, paying bills, balancing the checkbook?

☐ Not at all ☐ Sometimes ☐ Frequently ☐ Does not apply
Shopping independently (e.g., for clothing or groceries)?
- Not at all  - Sometimes  - Frequently  - Does not apply

Taking medications according to the instructions?
- Not at all  - Sometimes  - Frequently  - Does not apply

Getting lost while walking or driving in familiar places?
- Not at all  - Sometimes  - Frequently  - Does not apply

**Medications and medical history**

List of medications (dosage, frequency) including over-the-counter and prescription:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

List vitamins and herbal supplements:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

List current medical conditions:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

List past medical conditions:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

**Questions to ask the doctor**

What are tests I need to take and how long will it take to get a diagnosis?
Will you refer me to a specialist?
Could the medicines I’m taking be causing my symptoms?
Do I have any other conditions that could be causing my symptoms or making them worse?
What should I expect if it is Alzheimer’s?
Which treatments are available for Alzheimer’s? What are the risks and benefits and possible side effects?
What about participating in a clinical trial? What are the risks and benefits?
Is there anything else I should know?
When should I come back for another visit?

*Some information in this tool was developed for the Chronic Care Networks for Alzheimer’s Disease (CCN/AD) project and is the joint property of the Alzheimer’s Association and the National Chronic Care Consortium.*