The Centre for Family Medicine

Family Health Team

Memory Clinic - Patient History

Patients Name: _____

Patient's Family Physician: _____

Patient's Age: _____

Date: _____

1. Family History of Dementia (relation? Age of onset?)

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. Psychiatric History?

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

3. Primary Language: _____

   Fluency in English- Good: _____
   Moderate: _____
   Poor: _____

4. <u>Marital Status</u>: Single_____   Separated_____   Divorced_____

Married_____   Widowed_____   Remarried _____

5. <u>Living Arrangements:</u> Alone_____   Spouse/Common-Law Partner_____

Friend_____ Child_____

Institution _____ Other_____

Primary Caregiver (If applicable) _____

6. <u>Children:</u>   Yes _____   No_____   Number: _____

Other significant person: (i.e friend/neighbour) _____

7. <u>Education:</u>   Number of Years _____

Patient Past/Current Occupation: _____
<div align="center">Specify (including Homemaker)</div>

8. <u>Power of Attorney</u>   Financial   Yes _____   No_____
Personal Care Yes_____   No_____

If yes, who: _____
<div align="center">(Spouse, child, friend, specify other)</div>

9. <u>Mobility:</u> Problems with:

Falls   Yes _____   No_____

If yes, describe:

_____
_____
_____
_____

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Functional Activities Questionnaire (FAQ)

Patient's Name

Date

Rated by

Administration and scoring: This questionnaire should be completed by a reliable informant (caregiver). Check off the appropriate responses to help the physician get a sense of the person's ability to function.

	Normal (0)	Has Difficulty but Manageable (1)	Requires Assistance (2)	Dependant (3)
1. Writing cheques, paying bills, balancing a cheque book.				
2. Assembling tax records, business affairs or papers.				
3. Shopping alone for clothes, household necessities or groceries.				
4. Playing a game of skill or working on a hobby.				
5. Heating water, making a cup of coffee, turning off the stove.				
6. Preparing a balanced meal.				
7. Keeping track of current events.				
8. Paying attention to, understanding, and discussing a tv show, book or a magazine				
9. Remembering appointments, family occasions, holidays, and medications.				
10. Travelling out of the neighbourhood, driving, arranging to take buses.				

Total Score _____

*or could never do the activity but could do it now
*or never did the activity and would have difficulty now

Reference:
Pfeffer RI, et al. Measurement of functional activities of older adults in the community. J Gerontol 1982;37(3)323-329.