

### C. Cognitive Evaluation History

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_ Examined by: \_\_\_\_\_

#### **C01 Cognitive, Functional, and Behavioral Changes: Development, Features, and Impact on Patient/Family**

Yes   No

**C02**   Onset before age 65?

**C03**   Early onset of urine incontinence?

**C04**   Early onset gait/balance problems and/or falls?

**C05**   Changes associated with new medication, acute illness, or illness symptoms?

**C06**   Patient has a history of one or more strokes

**C07**   History includes one or more neurological symptoms, such as loss of vision, an episode of slurred speech, or temporary unilateral weakness