

Dear Patient,

You or your medical provider has identified a concern with your memory. Your provider has recommended you schedule a visit to discuss this in further detail. We ask that you complete this attached packet **prior to your appointment**, as well as any testing your provider has ordered. Please bring a spouse, close family member or personal friend to your scheduled visit. They can join us via video chat if needed.

Please complete the following tasks:

1. Forms for the patient to complete themselves prior to the visit:
  - Katz Inventory of Activities of Daily Living
  - Lawton-Brody Inventory of Instrumental Activities of Daily Living
  - PHQ-9 Depression Screening
  - GAD-7 Anxiety Screening
2. Forms for a spouse, close family member or personal friend to complete prior to the visit:
  - AD-8 Dementia Screening Interview
3. Complete lab or imaging your provider may have ordered at least one week prior to the appointment
4. Your provider may have asked you to schedule an appointment with our Primary Care Behavioral Health (PCBH) provider to complete the Montreal Cognitive Assessment form before your visit. The PCBH provider will outreach you to schedule this visit.

Please contact your provider through the patient portal or contact the office if you have any questions or concerns prior to your visit.