

EXAMPLE 1 - HEALTHY**Primary Care Chart Note / Documentation for BrainCheck
(Neuropsychological Test Evaluation).**

Reason for testing: This 65-year-old white male patient received neuro-cognitive testing following complaints in a routine medical visit of recent onset difficulty concentrating and fears of developing dementia (father died in past year with diagnosis of Alzheimer's disease). Tests were administered in the clinic by technician under supervision of physician.

Tests Administered: Immediate Recall; Delayed Recall, Trail Making Test A&B; Stroop Test; Digit Symbol Substitution Test; Geriatric Depression Scale.

Relevant Medical History: Patient is in general good health. Hypertension treated and under reasonable control (145/78) with lisinopril 10 mg daily. He complains of insomnia 2-4 nights per week, with good sleep onset but awakens after 2-3 hours sleep and difficulty falling asleep. Estimates 4-5 hours sleep on bad night. He admits to 1-2 drinks around dinner most nights and glass of wine just before bed time. He is under stress with work demands, often ruminating about deadlines and fears that he could be laid off at work. He complains of concentration difficulties at work, feels his work performance is suffering and concerns he could be fired. Self esteem and confidence are declining. Father died at age 87 approximately 3 months ago in nursing home, with 4 year history of progressive dementia. Father could not recognize patient in late stage of disease. Patient is anxious that his concentration difficulties could be first sign of dementia.

Test Results: See attached Clinical Report. Cognitive testing was provided via battery of cognitive tests. Patient scored in average to above average range on all of the tests. Immediate recall, cognitive processing, and visual attention were all in the above average range. Composite score placed him in the 89% of his age range. Score of 5 on GDS places him within range of possible mild depression.

Interpretation of Test Scores: Patient scores above average in current cognitive functioning. His subjective complaints of concentration difficulty are not corroborated with standardized testing. Work pressures, sleep disturbance, and concerns from family health history are probable contributors to subjective cognitive complaints.

Clinical Decision Making & Plan: No changes to current medication indicated at this point. Mild depression and anxiety may be related to father's recent death. Cognition intact.

Feedback to Patient: Patient was provided with test results showing no current cognitive impairment, which was beneficial in allaying fears of dementia. Patient counseled about excessive use of alcohol, particularly late evening drinking, having impact on sleep. Patient counseled about seeking assistance from company EAP regarding workplace stress. Will see patient again in 3 months. If depression worsens, we may consider trial of antidepressant or referral to mental health specialist. Will re-assess cognition on yearly basis in light of family history.

For questions & clinical support, please call 888-690-0977 or email support@braincheck.com.

EXAMPLE 2 - IMPAIRED**Primary Care Chart Note / Documentation for BrainCheck
(Neuropsychological Test Evaluation).**

Reason for testing: This 81-year-old white female patient received neuro-cognitive testing following concerns from her family about a noticeable decline in her memory and ADL's in the past several months. Tests were administered in the clinic by technician under supervision of physician. The patient required significant assistance from the technician in taking the tests but was cooperative and attempted to perform all of the tests.

Tests Administered: Immediate Recall, Delayed Recall; Trail Making Test A&B; Stroop Test; Digit Symbol Substitution Test; Geriatric Depression Scale.

Relevant Medical History: This patient lives with her husband in their home and receives significant assistance from adult children. She had a stroke 2 years ago and made significant progress in inpatient rehabilitation. She uses a walker to ambulate and has had some decline in self-care, including needing assistance in choosing clothes and getting dressed. Husband and daughter report that patient's memory is noticeably worse, and that she repeats herself often, and may ask the same question over and over. She has left the stove on by mistake in the past week and microwaved a cold salad thinking it was a left-over that needed to be reheated. Current medications are listed elsewhere in the medical record. Aricept 10 mg daily for cognition. She is currently being treated for rheumatoid arthritis, hypertension, and glaucoma.

Test Results: See attached Clinical Report. Cognitive testing was provided via battery of cognitive tests. Patient scored in the low to very low range on all of the cognitive tests. Immediate recall was at the 0%ile and delayed recall at 2%ile. Deficits observed in cognitive processing, executive function, and visual attention. GDS score of 5 suggests no current clinical depression.

Interpretation of Test Scores: The patient's cognitive deficits are consistent with family/caregiver report and suggestive of progressive cognitive decline. Evidence is clear for significant deficit in immediate memory. There are no indications of stroke subsequent to the initial event two years ago. Patient's hypertension is well managed with current medications. Cognitive decline is suggestive of Alzheimer's type dementia, moderate.

Clinical Decision Making & Plan: Aricept will be increased to 20 mg daily. Patient tolerates current dosage well, and family advised to monitor for side effects with increased dosage. Family confirmed that patient has executed medical and financial powers of attorney. Home safety is of concern with patient increasing inability to handle kitchen appliances safely. Patient is no longer driving and accepts that husband or daughter provide transportation. Follow up visit scheduled for 3 months, and family advised to schedule sooner if signs of rapid decline is apparent.

Feedback to Patient/Family: Patient and family advised of documented worsening of cognition on standardized tests. Husband and daughter accepted information and expressed concern about patient's expected course of illness. Patient minimized difficulties and was mildly upset. Family advised that move from home to assisted living or memory care unit may become necessary. Information on area assisted living facilities and medication side effects given to husband.

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EXAMPLE 3 - IMPAIRED, BRIEF

Primary Care Chart Note / Documentation for BrainCheck
(Neuropsychological Test Evaluation).

Reason for testing: 67-year-old white male complaining of noticeable problems with short term memory in recent months. Ordered neuro-cognitive testing to evaluate memory. Tests administered in the office.

Tests Administered: Immediate Recall, Delayed Recall; Trail Making Test A&B; Stroop Test; Digit Symbol Substitution Test; Geriatric Depression Scale.

Relevant Medical History: Patient is general good health, followed for HTN under good control, periodic lower back pain. Type II diabetes treated with metformin, last A1c was 6.3. Patient is retired engineer, lives with wife, has 3 adult children living nearby. Family history of Alzheimer's, father died age 85 after several years cognitive decline.

Test Results: See attached Clinical Report. Cognitive testing was provided via battery of cognitive tests. Patient scored in the low average range in immediate (17%ile) and delayed (14%ile) memory. Test of visual attention and executive function remain in average range. Composite score is in low average range. GDS score of 5 suggests no current clinical depression.

Interpretation of Test Scores: Difficulty with memory tasks are consistent with patient's self-report of memory problems. Scores not at range of mild cognitive impairment at this point but are lower than expectation given education and occupation. No clear ADL deficits at this point.

Clinical Decision Making & Plan: Start Aricept 10mg daily. Schedule follow up visit in 3 months with wife in attendance to get family perspective. Repeat cognitive testing to track memory performance on cognitive enhancing medication.

Feedback to Patient/Family: Test results explained to patient, plan to start medication and re-test. Patient concerned about results but somewhat relieved that tests confirm his subjective complaint. Accepts plan for follow up.

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