

BrainCheck



PATIENT NAME: **Patty Smith**      DOB: **February 17, 1940**      AGE: **77**      SEX: **Female**  
 PREPARED BY: **Neurology**

## 1. DIAGNOSIS

### DEMENTIA SEVERITY RATING SCALE:

0 – 18 Mild  
 19 – 36 Moderate  
 37 – 54 Severe

**21**

0 – 54 range

### ACTIVITIES OF DAILY LIVING INDEX:

5 – 6 Full function  
 3 – 4 Moderate impairment  
 0 – 2 Severe functional impairment

**5**

0 – 6 range

### CLOCK DRAWING TEST:

1 = perfect  
 6 = no reasonable representation of a clock

**1**

0 – 6 range

### BRAINCHECK MEMORY NEUROCOGNITIVE ASSESSMENT

COMPOSITE SCORE:

**9%**

COMPOSITE IMPRESSION:

**possible**

DIAGNOSIS:

**Moderate dementia**

VALIDITY:

**Recommendation may be invalid**

### DEPRESSION

0 – 4 Normal | 5 – 10 Possible indication of depression | >10 Likely indication of depression

GDS SCORE:

**6**

0 – 15 range

PRESENCE OF DEPRESSION:

**likely**

Depression Depression (Major Depressive Disorder or Clinical Depression) is a common but serious mood disorder commonly characterized by difficulty concentrating, extreme feelings of sadness and worthlessness, and changes in appetite, sleep patterns, and/or behavior.

### ANXIETY

0 – 4 Normal | 5 – 9 Mild anxiety | 10 – 14 Moderate anxiety | ≥ 15 Severe anxiety

GAD7 SCORE:

**8**

0 – 21 range

PRESENCE OF ANXIETY:

**unlikely**

## 2. TREATMENTS

PHYSICIAN HAS COMPLETED MEDICATION REVIEW FOR THIS PATIENT

### MEDICATION ADJUSTMENTS

DRUG NAME:

ROUTE:

DOSE: \_\_\_\_\_

FREQUENCY: \_\_\_\_\_

DRUG NAME: \_\_\_\_\_

ROUTE: \_\_\_\_\_

DOSE: \_\_\_\_\_

FREQUENCY: \_\_\_\_\_

DRUG NAME: \_\_\_\_\_

ROUTE: \_\_\_\_\_

DOSE: \_\_\_\_\_

FREQUENCY: \_\_\_\_\_

BRAIN IMAGING

CT SCAN

MRI

**LAB TESTS**

TEST NAME: \_\_\_\_\_

LAB LOCATION: \_\_\_\_\_

DATE/NAME: \_\_\_\_\_

NEUROLOGY  
CONSULT ORDEREDPSYCHIATRY  
CONSULT ORDEREDSOCIAL WORK  
REFERRAL GIVENPT/OT/ST REFERRAL  
GIVENCONSIDERATION OF  
CLINICAL TRIAL: \_\_\_\_\_

REFERRALS

HOME-HEALTH

HOME-CARE

CONTACT INFO: \_\_\_\_\_

**3. HEALTHY BODY, HEALTHY MIND**

It used to be that dementia was viewed as an inevitable part of aging and its diagnosis left no room for reversal or cognitive improvement. But thanks to new research and medical advancements, this is no longer true. It is estimated that one-third of dementia cases may be avoided by addressing lifestyle factors that affect a person's risk, according to the findings of a new study. The Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER) study, published in *The Lancet*, showed that a program of lifestyle interventions consisting of diet, exercise, brain training, or mental stimulation, and management of cardiovascular risk factors, can reduce cognitive decline and prolong a person's independence.

The brain is a vascular system with about 100 billion cells. Since the brain requires a constant supply of oxygen and glucose, but can't store either of the molecules, it must rely on a steady supply from circulating blood. Certain lifestyle choices, such as diet and exercise, may help prevent dementia and keep the brain healthy by flooding the brain's blood supply oxygen, glucose, and nutrients.

Exercise, particularly cardiovascular exercise such as running, swimming, or biking, improves the heart's ability to pump blood throughout the body. As a result, more blood flows to the muscles and other organs, and oxygen levels rise.

Exercise also reduces the risk of heart attack and stroke by lowering blood pressure, lowering LDL (or "bad") cholesterol and increasing HDL (or "good") cholesterol. Exercise also helps the body manage blood sugar and insulin levels, which lowers the risk for type 2 diabetes.

Poor cardiovascular health can take a serious toll on the brain over time. For example, vascular dementia — the second most common type of dementia after Alzheimer's disease — is caused by brain damage from impaired blood flow to the brain. It is the type of dementia commonly associated with cerebrovascular accidents, or strokes. Risk factors for vascular dementia include high blood pressure, high cholesterol, smoking, diabetes, and obesity. Therefore, an individual's heart health can be a critical factor in brain health and reducing the risk of dementia.

While dementia has no cure, there are things a person can do today to help reduce their risk, delay its onset and slow the pace of cognitive decline.

#### SOURCES:

<https://www.medscape.com/viewarticle/841355>

<http://www.stroke.org/we-can-help/survivors/stroke-recovery/post-stroke-conditions/cognition/vascular-dementia>

<https://jamanetwork.com/journals/jamaneurology/fullarticle/789626?referrer=Baker>

## A. GENERAL HEALTH

It is important for patients with dementia to remain as fit and as healthy as possible. Patients with dementia may not be able to provide a reliable personal or medical history, so it is important a caregiver or loved one accompany the patient to all doctor visits. As the disease progresses, the patient may become less able to identify health problems or tell others about them, so ongoing observation for signs and symptoms of infection, pain, or discomfort is important. Things to watch for include fever, chills, aches, dry lips and burning with urination. As an individual loses awareness of their surroundings and lifestyle, it is important to understand that loss of bodily functioning will also likely occur. Implement incontinence products and best practices early on. The sooner the caregiver is able to address this, the quicker they can evaluate the options available, while reducing any potential patient frustration and embarrassment.

## B. LIFESTYLE

Although we can't stop the brain from aging, we now know we can slow its progression with these simple and effective lifestyle changes.

### *Diet*

Clinical studies have shown that a diet high in Omega-3 fatty acids and antioxidants, such as the Mediterranean diet, help protect the brain from cognitive decline. Antioxidants combat the development of free radicals (toxic ions) in the brain, which contribute to the brain's aging process and are largely responsible for decreasing tissue volume. In the absence of antioxidants, free radicals act as little grenades and damage surrounding brain cells. The nutrients in antioxidant-rich foods, like blueberries, blackberries, spinach, kale, and beans, can benefit the brain and body.

The Mediterranean diet emphasizes eating primarily plant-based foods such as fruits and vegetables, whole grains, legumes and nuts, replacing butter with healthy fats such as olive oil, limiting red meat to no more than a few times a month, eating fish and poultry at least twice a week, and using herbs and spices to flavor foods instead of salt.

Consider finding a dietician who will explain how to eat and prepare meals high in antioxidants, low in saturated fats, and high in unsaturated fats.

SOURCE:

<https://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/mediterranean-diet/art-20047801>

### **Exercise**

Regular physical activity promotes increased brain volume and plasticity, two primary keys to staving off cognitive decline.

A regular schedule of aerobic and anaerobic exercises can benefit a person's cognitive function and overall health. Research shows that regular physical activity (even mild physical activity) improves brain function and lowers a person's risk for cognitive impairment.

- Try to get at least 30 minutes of moderate-intensity aerobic activity at least five days a week, for a total of 150 minutes; or at least 25 minutes of vigorous aerobic activity at least three days a week, for a total of 75 minutes; or a combination of moderate- and vigorous-intensity aerobic activity.
- Individuals with hypertension or who are overweight/obese should aim for 40 minutes of moderate- to vigorous-intensity aerobic activity 3 or 4 times per week.
- While aerobic activity is most beneficial for brain health, light to moderate anaerobic training — or strength training — is also recommended 2 to 3 times a week.

SOURCES:

<http://time.com/4841790/exercise-brain/>

<https://health.gov/paguidelines/guidelines/chapter4.aspx>

[http://www.heart.org/HEARTORG/HealthyLiving/PhysicalActivity/Yoga-and-Heart-Health\\_UCM\\_434966\\_Article.jsp#.W7KvAxNKh24](http://www.heart.org/HEARTORG/HealthyLiving/PhysicalActivity/Yoga-and-Heart-Health_UCM_434966_Article.jsp#.W7KvAxNKh24)

### **Sleep**

Getting regular, high-quality sleep is critical to brain health and optimal well-being. Restorative sleep enables the brain to repair and grow cells, regulate hormones, balance the immune system, and protect nerves and tissues. When coupled with a healthy diet and regular physical activity, consistently healthy sleep habits are a cornerstone of a healthy brain.

If a person is struggling to consistently get high-quality rest, it could have a negative effect on their brain's functioning. Researchers have found that sleep issues can lead to a decline in brain performance, which can affect a person's thinking ability, balance, emotion and memory.

Older adults need about the same amount of sleep as younger adults — 7 to 9 hours each night. Good sleep hygiene practices include:

#### **1. Be consistent.**

The National Sleep Foundation (NSF) recommends sticking to a consistent schedule for both bedtime and waking up, even on the weekends or days off work.

#### **2. Be aware of what goes in the body.**

A heavy meal does not contribute to great sleep. The Mayo Clinic recommends a healthy diet and avoiding going to bed “hungry or stuffed.” Nicotine, caffeine and alcohol can also disrupt resting patterns.

**3. Power down electronic screens.**

Reading e-books on a mobile phone probably isn't the best way to unwind. Researchers recommend putting phones away an hour before bed to avoid disrupting the body's natural circadian rhythms.

**4. Improve bedroom lighting.**

Consider installing soft lighting in the bedroom to remind the body it's time to rest. According to Harvard Medical School researchers, bright artificial light can trick the body into staying awake.

**5. Address noise.**

The sounds of the surroundings can disrupt light sleepers. Ambient noise, calming music, or earplugs can mitigate distractions.

**6. Go outside.**

During the day, exposure to natural light and bright light sources can help regulate a person's sleep patterns. Make a point of going for a walk and catching some daylight when possible.

**7. Don't stress out.**

If someone is struggling to get shut-eye, the experts at the National Institute of Health suggest reading or listening to calm music until he or she feels tired.

**8. Manage sources of stress.**

Day-to-day concerns that are on a person's mind can prevent great sleep. If a person is lying awake due to stress, they should consider writing down their thoughts in a journal before bed or pursuing counseling with a qualified professional.

**9. Don't spend time in bed.**

While some people like to watch TV or eat in bed, these tendencies can disrupt a person's rest. Sleep experts recommend reserving the bed for sleep only.

**10. Limit napping.**

Avoid napping in the late afternoon or evening, if possible.

**SOURCES:**

<https://sleepfoundation.org/sleep-tools-tips/healthy-sleep-tips>

<https://www.psychologytoday.com/us/blog/the-resilient-brain/201704/restorative-sleep-is-vital-brain-health>

<https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/sleep/art-20048379>

<https://www.ncbi.nlm.nih.gov/pubmed/29045775>

<https://www.nia.nih.gov/health/good-nights-sleep>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3047226/?report=reader>

<https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Understanding-Sleep>

<http://www.berkeleywellness.com/healthy-mind/sleep/article/smart-napping-strategies>

***Sunlight***

Over the years, people have been bombarded with warnings about the dangers of too much sun and developing skin cancer. But sometimes, while drowning in cautionary information, it's easy to forget that the sun is actually a friend.

The sun emits UV radiation that our skin converts into vitamin D. Inside the brain, vitamin D stimulates neurotransmitter synthesis and nerve growth, meaning the brain's cells can communicate with each other more efficiently.

Researchers discovered that a lack of vitamin D is associated with significantly faster declines in both episodic memory and executive function performance, the combination of which correlates strongly with Alzheimer's risk. Additionally, a seven-year study showed that the risk of non-Alzheimer's dementia was nearly 20 times higher in individuals with a vitamin D deficiency compared to those with adequate levels.

#### ***How much sunlight does a person need?***

Experts recommend a person receive around 1,000 to 2,000 IU daily. That's about 15 to 30 minutes of exposure two to three times a week. Although the recommended dose may work for most people, it might also not. The amount of vitamin D a person gets depends on various factors such as:

- The time of day: the middle of the day is the best time to absorb the most sunlight.
- Where the person lives: the closer the person lives to the equator, the easier it is for them to produce vitamin D.
- Skin color: pale skin produces vitamin D more quickly compared to darker counterparts.
- The amount of skin exposed: more exposure equals more absorption

#### SOURCES:

<https://www.ncbi.nlm.nih.gov/pubmed/22261995>

<https://jamanetwork.com/journals/jamaneurology/fullarticle/2436596>

### **C. PSYCHOSOCIAL**

Dementia commonly occurs alongside other conditions and can be directly or indirectly related to dementia. These conditions should be addressed because they have the potential to exacerbate dementia symptoms and accelerate cognitive decline.

Behavioral problems and mood disorders, such as depression and anxiety, can occur early in the progression of dementia and gradually increase in severity over time. Persons with dementia may exhibit signs and symptoms of depression or anxiety, such as social isolation or withdrawal, poor appetite, inability to sleep or too much sleep, irritability, fatigue, feelings of worthlessness or hopelessness, or recurrent thoughts of death.

Many individuals with dementia are often unable to communicate they are depressed, but their actions can provide clues as to their psychological condition. For example, a person with dementia who always loved gardening will likely respond to an activity involving flowers, such as floral arrangements. However, a depressed person with dementia, develops apathy, often ignoring or skipping out on activities they used to enjoy. Physical manifestations of psychological distress, such as gastrointestinal (GI) disturbances or headaches, can be another clue that something is wrong.

Depression and anxiety aren't the only mood disorders associated with dementia. It's important to keep an eye out for other psychological disturbances like isolationism or aggressive and impulsive behavior. Some dementias present with psychoses; individuals may believe, hear, or see things that are not there.

These conditions can be controlled as long as they are identified. Someone feeling depressed, anxious, or agitated may find certain activities, coping mechanisms, and support systems extremely helpful. Caregivers, friends and family should help the individual stay social and persevere through any necessary treatment. Allow the individual to express their feelings without providing unwanted advice or criticism; talking about one's feelings or even writing them down in a journal can be extremely cathartic.

Physical exercise and a good diet are good for relieving feelings of anxiety and depression.

## D. SENSORY

Hearing and vision loss are both common with aging, but for a person with dementia, this can cause more difficulties, such as confusion and problems communicating.

Health conditions, eye diseases, and normal aging are all common causes of vision loss in both individuals with and without dementia. However, people with dementia may also have visual difficulties because dementia affects the part of the brain responsible for handling incoming and visual information. This means they might have a visual impairment, but otherwise healthy eyes.

Hearing loss is also common during the aging process. People with hearing loss are also more likely to develop dementia, but for reasons unknown. It is often hard to differentiate the symptoms of hearing loss from those of dementia, as both are marked by confusion.

For individuals who are 65 and older or who have cognitive impairment, it's important to have their vision and hearing tested.

SOURCE:

<https://www.aarp.org/health/brain-health/info-07-2013/hearing-loss-linked-to-dementia.html>

## E. MENTAL STIMULATION

### ***Keep Learning***

Although the brain finishes growing around the age of 25, older adults are still capable of slowing the normal cognitive aging process by learning something new. Learning a new skill at any age affects the brain in many positive ways; it creates new connections in the brain by forming alternate pathways in which information can travel. More connections mean larger brain volume and a greater cognitive reserve. Increasing cognitive reserve allows the brain to compensate for the natural tissue loss associated with aging.

The key to maintaining a healthy brain volume and reserve as a person ages is to choose an activity that's entirely new for them. The brain can only create new neural pathways and connections if it is challenged to do so. As such, repeating an activity or partaking in a hobby that doesn't challenge a person intellectually doesn't stimulate new growth.

If a person is great at solving the daily crossword, they should step out of their comfort zone and try something like Sudoku or a new card game. They could try painting, learning another language, or how to play chess. No matter what it is, simply learning a new skill can help a person in maintaining healthy brain function.

### ***Stay Social***

Social interaction doesn't just boost a person's mood — it feeds the brain. Humans need it to keep that specific circuitry in the brain healthy and functioning.

In a study published by the American Journal of Public Health, researchers reported that older women who managed large social networks reduced their risk of dementia by 26%. And women who had daily contact with their network cut their risk of dementia by almost half.

Some ideas for strengthening social engagement include joining a book club, walking group, or church group; signing up for a dance class at a local community center; going to the park with family or friends; volunteering

with a charity or local community group; or enrolling in a class at the local college.

SOURCE:

<https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2007.115923>

## 4. BEHAVIORAL STRATEGIES

### COMMUNICATION

Linda showed likely impairment in recall and unlikely impairment in cognitive processing (Digit Symbol Substitution test). Successful communication requires working memory and the ability to process information, both of which are usually impaired in individuals with dementia. Learn compensatory strategies to effectively communicate with the patient in the middle and late stages of dementia. Tips and techniques for successful communication include: - Maintaining face-to-face contact with the person when having a conversation. Get down to the patient's level if needed to maintain eye contact. - Show familiarity; address the person by their first name. - Use a lower or softer voice and speak slowly. - Limit the number of decisions and choices the person has to make, as it may lead to frustration and distraction. - Use simple, direct wording. Present one question, instruction or statement at a time. - Instruct the family in communication methods to use with the patient: listen carefully, listen to stories even if they've repeated them many times before, and avoid asking questions that the patient may not be able to answer. - Instruct the family to use distraction techniques if/when the individual becomes anxious or agitated: play soothing music, change to a new topic of conversation, go for a walk, or look at picture albums.

### ADL PRESERVATION

Continence Loss of bladder or bowel control is common in the later stages of dementia. To help, try setting a regular bathroom schedule. Maybe it's twice in the morning, once in the afternoon, and twice before bed. Watch for nonverbal cues or signs (e.g., facial expressions, sudden silence, pacing or tugging on clothing) that may indicate the need to use the bathroom. Determine when and how often accidents occur, then plan for them. For example, if you notice an accident typically happens during lunch time, then take the person to the bathroom before lunch. Use products like incontinence pads and underwear, and waterproof mattress protectors or pads to help keep the mattress dry and clean.

## 5. PLANNING

Discussing legal, financial, and end-of-life plans with family and friends is one of the most important things you can do. Having these conversations early on will allow you to participate in making decisions that help your loved ones know your wishes.

For more information, please visit the **Resources** section.

**Wishes/desires for end-of-life care** Expressing your end-of-life care wishes with your family, a care partner or a legal professional allows you to rest assured that your requests will be followed when appropriate. It's also

important to discuss your wishes with your doctor so they too can be aware of your preferences and contribute to ensuring your wishes are carried out. Power of attorney financial A durable power of attorney for finances helps ensure your financial and legal plans are followed if you become incapable of doing so for yourself. It allows you to designate another person such as a caregiver or family member to make financial decisions on your behalf when you are no longer able to make decisions for yourself. Getting help from an attorney who specializes in elder law is wise if you are unsure about your options for managing your finances/property, how to complete legal paperwork, or would like legal advice.

## 6. SAFETY OF ENVIRONMENT

**Driving** You voiced concerns about driving with Linda. Linda showed unlikely impairment in visual attention (Trails AB Test). It is urgent that you discuss driving with Linda now and create a "retire from driving" plan. This is urgent for two reasons. Driving is an important symbol of independence, and Linda will have a much easier time processing and accepting this loss of independence now, while she is still cognitively intact, rather than later when her cognition deteriorates further. Additionally, Linda will have to learn other transportation options. It will be much easier for her to understand and adapt to different ways of getting around now compared to later. Driving requires the ability to multitask, and poor visual attention and task switching can hinder a person's ability to do so. Dangerous driving is often associated with impairment in activities of daily living (ADL) such as orientation to time and place and decision making. A person may be mildly confused as to the time of day or what day of the week it is, but not severely enough to interfere with everyday activities. The best barometer of when it is time for the person to stop driving is you. As the disease progresses, the person's abilities will change over time. After every month, or if there has been an incident, reevaluate the Linda's cognitive abilities, orientation, and decision-making capacity. If you observe a change, notify Linda's care team immediately and consider having her stop driving. The "retire from driving" plan should include restricting access to her car (by moving it or taking away the keys) and arranging for Linda to get around without driving. Although many seniors consider driving a hallmark of independence, for individuals with dementia, motor vehicle accidents, even minor ones, can be deadly. Even though it may be difficult to take away a person's independence, know that you are doing the right thing. Taking medications as prescribed You mentioned that Linda often has too many pills left over at the end of the week. Linda showed [recall impression] impairment in recall. Immediate and delayed recall capacity are often the first to deteriorate when a person has dementia. If a person's cognitive processing is still within a normal range, they probably understand how to take their medication but cannot be relied on to remember to do so. Failure to take medications as prescribed can lead to very significant health issues. If this occurs, it is critical that you intervene and help the person with medication reminders. The easiest way to do this is to ask the pharmacist to dispense medication in a pill box. There are special pill boxes with technology that counts how many times the box has been opened, and can send you automatic activity notifications. Another option is to use a pill organizer. You can find a simple, cheap one that comes with separate sections for days of the week and times of the day at your local pharmacy. Divvy up the pills at the beginning of the week and check to see if there are any leftover at the end of the week. You can also set alarms for the person or call them to provide medication reminders.

**Wandering / Getting lost** You are worried that Linda will wander because she sometimes comes home much later than expected for no apparent reason. Make sure Linda has an In Case of Emergency (ICE) contact in her phone. Enroll in the MedicAlert® + Alzheimer's Association Safe Return® program. Consider using technology such as the Find My Phone mobile app, available on Google Play, or other GPS apps or devices. To help discourage wandering behavior, set up structured and engaging activities throughout the day, and include exercise, if possible. To protect against unsafe wandering, disguise the exits with wall hangings. Put an alarm on the door or use pressure sensitive doormats so you are aware when a door is

opened. Install deadbolt locks, fences, locks on gates and locks on doors/windows as a final safety measure. Firearms You are concerned about Linda having firearms in her home. If possible, remove all firearms from the home. If that isn't an option, keep ammunition stored separately from the weapon and ensure that both are kept in a locked cabinet or gun safe. If Linda is reluctant to remove the firearms, encourage her to consider "gifting" the firearms to another family member or friend. If necessary, ask local law enforcement for assistance in removing the firearms from the home. Linda's family may receive compensation from a gun buy-back program. Falls You find that you are limiting Linda's trips because you are afraid she will fall again. Falls are a significant cause of morbidity among the elderly. According to the Centers for Disease Control and Prevention (CDC), 25% of all individuals over the age of 65 will experience a fall. Falls may result in abrasions, contusions, broken bones, head injuries and fear of falling again. Some risk factors for falling include lower body weakness, vitamin D deficiency, vision problems, difficulties walking or balancing, foot pain or poor footwear, and use of certain medications such as tranquilizers, antidepressants and sedatives. Because individuals with dementia exhibit a vast majority of these risk factors, they are 4 to 5 times more likely to fall compared to those without dementia. Create a safe environment by surveying the ground for any potential obstacles and remove anything that might cause a fall. You can schedule a safety evaluation with a physical therapist for your patient or loved one to assess fall risk, and improve balance and walking ability. Some ways to help prevent Linda from falling inside her home include ensuring adequate lighting around the house, removing throw rugs and other obstacles on the floor such as cables and cords, fixing any loose or uneven steps, and storing objects on low shelves that she can reach without the help of a ladder or stool. While away from home, help reduce Linda's risk of falling by providing her with safe footwear. Make sure that her shoes fit well, that the soles aren't too worn or too thick, and that she is comfortable wearing them.  
[https://www.cdc.gov/HomeandRecreationalSafety/pubs/English/booklet\\_Eng\\_desktop-a.pdf](https://www.cdc.gov/HomeandRecreationalSafety/pubs/English/booklet_Eng_desktop-a.pdf)

## 7. CAREGIVER SUPPORT

While caring for an individual with dementia can be very rewarding, it can also be very overwhelming. The roles associated with caring for another person can be stressful and, at times, can take a toll on your health, as all your time and effort is focused on the patient's needs. Whether you provide around-the-clock care or watch over a loved one with the disease, there are resources to help.

## 8. RESOURCES

### RESOURCES FOR PEOPLE LIVING WITH DEMENTIA

The following list of resources has been selected to help patients and families learn more about dementia, cope with the disease together, and live the best life possible.

#### ***Alzheimer's Association (www.alz.org)***

Formed in 1980, the Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support and research.

#### ***National Institute on Aging (www.nia.nih.gov)***

The National Institute on Aging (NIA), one of the 27 Institutes and Centers of the National Institutes of Health

(NIH), leads a broad scientific effort to understand the nature of aging and to extend the healthy, active years of life. NIA is the primary Federal agency supporting and conducting Alzheimer's disease research.

***Alzheimer's Foundation of America (www.alzfdn.org)***

The Alzheimer's Foundation of America's (AFA) mission is to provide optimal care and services to individuals living with Alzheimer's disease and related illnesses and to their families and caregivers.

For a complete listing of tools and resources, please visit [braincheck.com/care-plan-resources](http://braincheck.com/care-plan-resources).

## **RESOURCES FOR CAREGIVERS**

The following list of resources has been selected to help you learn more about dementia, how to care for your body and mind, and how to provide the best care possible.

***Alzheimer's Association (www.alz.org)***

Formed in 1980, the Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support and research.

***National Institute on Aging (www.nia.nih.gov)***

The National Institute on Aging (NIA), one of the 27 Institutes and Centers of the National Institutes of Health (NIH), leads a broad scientific effort to understand the nature of aging and to extend the healthy, active years of life. NIA is the primary Federal agency supporting and conducting Alzheimer's disease research.

***Alzheimer's Foundation of America (www.alzfdn.org)***

The Alzheimer's Foundation of America's (AFA) mission is to provide optimal care and services to individuals living with Alzheimer's disease and related illnesses and to their families and caregivers.

***AARP (www.aarp.org/caregiving)***

AARP is a nonprofit, nonpartisan organization that empowers people to choose how they live as they age.

***Family Caregiver Alliance® (www.caregiver.org)***

Family Caregiver Alliance is the first community-based nonprofit organization in the country to address the needs of families and friends providing long-term care for loved ones at home.

***Eldercare Locator (www.eldercare.acl.gov)***

A public service of the U.S. Administration on Aging connecting you to services for older adults and their families.

***Personal Emergency Response System (PERS)***

FTC

1-877-382-4357

(TTY: 1-866-653-4261)

Your Area Agency on Aging

1-800-677-1116

(TRS: 1-800-677-1116)

For a complete listing of tools and resources, please visit [braincheck.com/care-plan-resources](http://braincheck.com/care-plan-resources).

**9. FOLLOW UP**

FOLLOW UP APPOINTMENT SCHEDULED:

\_\_\_\_\_

FOLLOW UP BRAINCHECK COGNITIVE  
ASSESSMENT SCHEDULED:

\_\_\_\_\_

**NOTES**

SIGNATURE:

\_\_\_\_\_