

## Alzheimer's/Dementia Patient Questionnaire

This form is to be filled out by the patient's caregiver/loved one or family.

This is to help our healthcare team get to better know the personal needs of the individual you have brought in for care and to keep everyone safe.

1. What name does this individual go by or like to be called?
2. Are they exhibiting any aggressive (hitting, biting) behaviors?
3. What could possibly trigger an aggressive behavior (too many people in the room at the same time, staff putting on a blood pressure cuff, hooking up an intravenous (IV) line, etc.)?
4. Do bright lights bother this individual (sensory issues)?
5. What are this individual's interests (music, animals, television)?
6. Does the individual tell you when they are in pain or do you have to watch for signs (facial expressions, fidgeting)?
7. Do they live in the now or the past mentally (no connection to the present day)?
8. Do they yell out, moan a lot or try to wander off on their own?
9. Has this individual showed any signs of hallucinations (something not present) or any signs of Delirium (serious confused state and disoriented ramblings)?
10. Have they recently started any new medications? If yes, list them down below.