



Cognitive Review of Systems

Patient Name: _____ Date: _____

Person filling out form: _____

1) Cognitive

a) Memory

- i) Forgets appointments..... Yes No
- ii) Loses things (keys, wallet, purse)..... Yes No
- iii) Repeats words or questions..... Yes No
- iv) Forgets names of close friends or family..... Yes No

b) Attention

- i) Has trouble following a TV program..... Yes No
- ii) Has trouble staying on topic when talking..... Yes No
- iii) Has trouble finishing tasks after starting..... Yes No

c) Visuo-spatial

- i) Has trouble finding objects in the room..... Yes No
- ii) Complains about changes in vision..... Yes No
- iii) Sees things that aren't real..... Yes No

d) Verbal Skills

- i) Has trouble naming things correctly..... Yes No
- ii) Has trouble talking in full sentences..... Yes No
- iii) Has trouble repeating single words..... Yes No

e) Orientation

- i) Does not know the time or date..... Yes No
- ii) Does not know where he/she is (place, city, state)..... Yes No

2) Behavioral

a) Personal

- i) Has trouble cooking or following recipes..... Yes No
- ii) Has trouble using the TV remote or cell phone..... Yes No
- iii) Has trouble bathing..... Yes No
- iv) Has trouble getting dressed..... Yes No
- v) Has recent weight gain or weight loss..... Yes No



- b) Financial
 - i) Has trouble managing money..... Yes No
 - ii) Has trouble paying bills..... Yes No

- c) Gait Stability
 - i) Has a shuffling gait (takes very short steps)..... Yes No
 - ii) Has trouble with dizziness..... Yes No
 - iii) Has trouble with falls..... Yes No
 - iv) Has numbness in legs..... Yes No

- d) Bladder and Bowels
 - i) Has urinary incontinence (can't make it to bathroom)..... Yes No
 - ii) Has bowel movement accidents..... Yes No

- e) Driving Ability
 - i) Gets lost while driving..... Yes No
 - ii) Family is worried about patient's driving..... Yes No

- 3) Emotional
 - i) Has lost interest in things..... Yes No
 - ii) Has depression (sadness) or anxiety..... Yes No
 - iii) Has problems with yelling, hitting, or pacing..... Yes No
 - iv) Has changes in personality..... Yes No
 - v) Is confused while hospitalized..... Yes No
 - vi) Patient believes they have a memory problem..... Yes No

Any additional confidential Information:
