Dementia Caregiver Doctor Update Form

Use this one-page form to share the biggest changes, concerns, and questions before a medical visit.

You can bring this form to appointments or send it ahead to the doctor.

PATIENT INFO

PATIENT NAME _____

DATE OF BIRTH _____

DOCTOR NAME _____

CAREGIVER NAME _____

RELATIONSHIP _____

APPOINTMENT DATE _____

BIGGEST CHANGES SINCE LAST VISIT

What has changed since the last visit? *Think: memory, behavior, sleep, appetite, mobility, bathroom changes, or safety concerns.*

QUICK CHECKLIST

Check any that apply

- ☐ MORE CONFUSION
- ☐ REPEATING QUESTIONS
- ☐ WEIGHT LOSS
- ☐ MORE FALLS OR WEAKNESS
- ☐ AGITATION OR IRRITABILITY
- ☐ CRYING OR SADNESS
- ☐ BATHROOM ACCIDENTS
- ☐ PAIN CONCERNS
- ☐ POOR SLEEP
- ☐ EATING LESS
- ☐ MEDICATION PROBLEMS
- ☐ SAFETY CONCERNS

TOP 3 THINGS I WANT THE DOCTOR TO ADDRESS

1. _____
2. _____
3. _____

QUESTIONS FOR THE DOCTOR

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HELPFUL DETAILS TO SHARE

- Sleep quality and duration
- Changes in eating habits and preferences
- Toileting frequency and any issues
- Mobility status and assistance needs
- Medication adherence and any side effects
- Significant changes in memory patterns
- Notable behavioral alterations observed
- Changes in social interaction frequency
- Any mood swings and their triggers
- Relevant events affecting behavior

ANYTHING ELSE THE DOCTOR SHOULD KNOW?

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Bring this form to appointments or send updates ahead of time so important changes are not missed.