



Information for the Hospital Team About a Patient with Memory Problems

Date/Volunteer initials: _____
Addressograph stamp _____

Personal Info:

What does patient like to be called? _____ Language spoken: _____

Responses should be based on patients typical behavior prior to present illness &/or hospitalization

I like to:

Does the patient usually watch TV or listen to the radio? ____ Yes ____ No
If so, what shows or type of music or TV shows? _____

What are some favorite topics to discuss with patient? _____

Nutrition: (Report specific dietary needs to charge nurse)

Patient usually eats these foods best: _____

Patient eats best if he/she: _____

- _____ Is helped with tray set up _____ Is given smaller portions
- _____ Is shown how to use spoon or fork _____ Is given finger foods
- _____ Is reminded to chew and swallow

Patient usually drinks these liquids best: _____

Patient usually drinks from a cup or glass: ____ With a straw? ____ Without a straw?

Medications:

Does that patient take his/her medications easily? ____ Yes ____ No

If no, what cues or strategies work? ____ Crush ____ Mix with food

Do they use a cup with a straw for their pills? ____ Yes ____ No

What type of fluid do they drink to swallow their medications? _____

Hygiene:

What is the patient's usual bathing schedule? _____

What time of day does the patient usually bathe? _____

What is the usual way in which they bathe?

- _____ shower ____ sponge bath ____ bed bath

What type of help do they need? _____

Does the patient have dentures? ____ Yes ____ No Do they need help with brushing teeth and mouth care? ____ Yes ____ No

Toileting:

Does the patient usually go to the bathroom: Alone? ____ Yes ____ No

If no, describe supervision needs _____

Do they use any type of incontinence device? ____ Yes ____ No

If yes, what _____

Communication:

What is their best form of communication? ____ speaking ____ gestures

Is it best to avoid asking a lot of questions? ____ Yes ____ No

Does the patient take time to answer or process questions or requests? ____ Yes ____ No

Can patient use a call light? ____ Yes ____ No

Activity:

Mobility. Does he/she usually use a: cane walker wheel chair

What is the patient's usual level of supervision? _____

Are you concerned that he/she may wander and/or get lost? Yes No

If yes, what distractions work to keep the patient occupied and safe? _____

Does the patient usually need help with:

Dressing Getting from bed to chair and back

Sleep:

Patient usually goes to sleep easily? Yes No

If no, what helps? _____

Patient usually sleeps well at night? Yes No

If no, what helps? _____

Do they get up at night? Yes No

If yes, what is their routine _____

Any personal comfort measures? _____

Patient usually naps during the day? Yes No

If yes, where? Chair Bed

Behavior/Mood:

What is the patient's typical personality type: _____

Examples of Personality types: (circle those that apply) quiet sensitive kind content warm-hearted determined assertive friendly fun-loving easy-going out-spoken scared worried

Has the patient ever been confused during a hospitalization or did their confusion get worse while hospitalized?

Yes No

If yes, describe: _____

Does the patient express his or her needs verbally? (thirst, hunger, go to the bathroom?)

If no, how do they express their needs? _____

How does the patient act when he or she is anxious or frightened? _____

Does the patient get angry or physically aggressive? Yes No

If yes, what helps to calm or comfort the patient during these difficult times? _____

Is there anything else you want us to know about the patient? _____

Is there anything that the family wants to know from the physician or hospital staff? _____

Family information:

Family member completing this form: _____

Phone number: _____

Which family member should be called day or night for any care issues:
Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Questionnaire copied: Volunteer initials _____

Copy given to RN to complete Dementia care plan in Apex. RN name: _____

Volunteer signature _____ Date/time: _____