

## Preparing for your doctor's visit

Fill out the information below to the best of your ability and share it with your doctor. Be open and honest in answering any questions your doctor may ask you about the changes you've been experiencing

Has your health, memory or mood changed?

---

---

How did it change?

---

---

When did you first notice the change?

---

---

How often does it happen?

---

---

When does it happen? Is it always a certain time of day?

---

---

What do you do when it happens?

---

---

**Do you have problems with any of the following?**

Please check the answer.

Repeating or asking the same thing over and over?

Not at all  Sometimes  Frequently  Does not apply

Remembering appointments, family occasions, holidays?

Not at all  Sometimes  Frequently  Does not apply

Writing checks, paying bills, balancing the checkbook?

Not at all  Sometimes  Frequently  Does not apply

Shopping independently (e.g., for clothing or groceries)?

Not at all  Sometimes  Frequently  Does not apply

Taking medications according to the instructions?

Not at all  Sometimes  Frequently  Does not apply

Getting lost while walking or driving in familiar places?

Not at all  Sometimes  Frequently  Does not apply

**Medications and medical history**

List all medications (dosage, frequency), including over-the-counter and prescription:

---

---

List vitamins and herbal supplements:

---

---

List current medical conditions:

---

---

List past medical conditions:

---

---

**Questions to ask the doctor about memory concerns**

Which tests will I need to take and how long does it take to get a diagnosis?

Will you refer me to a specialist?

Could the medicines I'm taking be causing my symptoms?

Do I have any other conditions that could be causing my symptoms or make them worse?

What should I expect if it is Alzheimer's?

Which treatments are available for Alzheimer's? What are the risks, benefits and possible side effects?

What about participating in a clinical study? What are the risks and benefits?

Is there anything else I should know?

When should I come back for another visit?

*Some information in this tool was developed for the Chronic Care Networks for Alzheimer's Disease (CCN/AD) project and is the joint property of the Alzheimer's Association® and the Chronic Care Consortium.*

TS-0020 | Updated July 2018

**ALZHEIMER'S  ASSOCIATION®**

---

**800.272.3900 | [alz.org](http://alz.org)®**

Alzheimer's Association Home Office  
225 N Michigan Ave Ste 1700,  
Chicago, IL 60601  
800.272.3900  
[www.alz.org](http://www.alz.org)