

## **Dementia Differential Diagnosis Checklist**

Person	DOB	Agency	
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Check All That Apply. Key Informants should include people who have a thorough knowledge (at least 6 months) of the person.

## Section I

Date	Completed by Key Informants	Notes
	NTG Early Detection Screen for Dementia (EDSD)	
	EDSD results reviewed by clinical staff	
	EDSD results included in annual wellness report	
	EDSD scheduled for follow-up screening	
	Referred to primary care physician for assessment	
	Referred to specialist(s) for assessment	

## **Section II**

Date	Completed by Primary Care Physician	Date	Completed by Primary Care Physician
	Reviewed medications for reactions that mimic dementia		If adverse reaction, informed pharmacist
	Screened for nutritional deficiencies		Referred to nutritionist
	Screened for thyroid abnormality		If thyroid abnormality, prescription provided
	Screened for depression or other mental health condition		Referred to mental health care specialist
	Screened for hearing problems		Referred to audiologist (if + findings)
	Screened for vision problems		Referred to ophthalmologist (if + findings)
	Screened for spinal cord abnormality including changes in ambulation		Referred to spine care specialist
	Screened for sleep apnea or sleep dysfunction		Referred to pulmonologist or sleep specialist
	Screen for seizure disorder		Referred to neurologist
	Screen for important change in life circumstances		Referred to other specialist:

## **Section III**

Date	Specialist 1	Date	Specialist 2
	Reviewed screening data		Reviewed screening data
	Interviewed key informants for additional info		Interviewed key informants for additional info
	Recommend MRI or CT Scan		New Diagnosis (specify):
	Recommend EEG		Recommend Other Test(s):
	New Diagnosis (specify):		Treatment Plan Developed
	Recommend Other Test(s):		Follow Up Appointment Scheduled
	Treatment Plan Developed		
	Follow Up Appointment Scheduled		

