Memory Loss Evaluations

A Memory Loss Evaluation Begins with Your Primary Care Provider

What is Involved in a Memory Loss Evaluation?

Step One: Recognition
Your primary care provider can help determine whether there is a significant problem or not by identifying “triggers”.

Step Two: Initial Assessment
The primary care provider defines the cognitive complaint and its severity and decides whether medications, medical illnesses or mood disturbance are the cause.

Step Three: Full Evaluation
If the initial assessment finds dementia, a full evaluation is needed. It generally includes:

1. A complete neurological examination
2. Blood tests
3. A structural brain scan (MRI or CT)
4. Extensive cognitive assessment or neuropsychological testing
5. Sometimes other testing such as speech evaluation or spinal fluid examination

When is a Visit to Our Cognitive Disorders Clinic Appropriate?

We Enhance and Support Rather Than Replace the Care Your Primary Care Physician Provides

We Focus on Early Diagnosis and Interventions that Prevent Complications and Crises

Our Subspecialty Care is Especially Appropriate for Patients with:

- Mild dementia without other major illnesses interested in research studies
- Familial dementia
- Early-onset dementia (when symptoms begin before age 65)
- Rapidly progressive dementia beginning in the past year
- Atypical dementia
- Frontotemporal dementia with prominent behavior or language disturbance
- Dementia with a movement disorder or Lou Gehrig’s disease
- Uncertain but suspected dementia or isolated memory impairment

How Can You Tell if a Full Evaluation Has Been Done?

After A Full Evaluation There Should Be:

- A Specific Cause Identified (A Diagnosis)
- A Management Plan for Now, Including Appropriate Medications
- A Plan for Future Care (A Prognosis)
- Referral to Appropriate Community Resources
- A Plan for Continuing Medical Evaluation and Care