Eligibility assessment for a remote memory screening at Phoenix Mental Health Services

*Before we can offer you a memory screening appointment, we must first confirm that you are eligible. Please fill out this eligibility assessment to the best of your abilities. Although we ask if you are filling out this out on behalf of another person, we address all questions directly to the person who will be screened. The completed form will be assessed by our Memory Clinic Therapist and it is possible that they may discuss your case with the Consultant Psychiatrist before offering an appointment.*

|  |
| --- |
| 1. **First and last name:**
 |
|  |
| 1. **Date of birth:**
 |
|  |
| 1. **Full address:**
 |
|  |
| 1. **Are you filling this form for yourself?**
 |
|  Yes No  |
|  If no: |
|   |
| 1. Whose behalf you are filling out this form for:
 |
|  |
| 1. What is your relationship to this person?
 |
|  |
| 1. Have they given you consent to request a memory screening on their behalf?
 |
|  Yes No  |
| 1. Why are they unable to do this for themselves?
 |
|  |
| 1. **How old are you?**
 |
|   18-25 61-75  26-40 75 + 41-60   |
| 1. **Do you read and speak fluent English?**
 |
|  Yes No  |
| 1. **Do you have a stable internet connection and a smartphone/PC/tablet?**
 |
|  Yes No  |
| 1. **Have you had a memory screening before?**
 |
|  Yes No  |
|  |
|  If yes, please state: |
|  |
| 1. Which screening was used?
 |
|  |
| 1. When it was assessed?
 |
|  |
| 1. Score received:
 |
|  |
|  If no, please state: |
|  |
| 1. Why do you think you need a memory screening?
 |
|  |
| 1. **Have you been diagnosed with dementia?**
 |
|  Yes No  |
|  |
|  If yes, please describe when and what diagnosis was made:   |
|  |
| 1. **How long have you been worried about your memory?**
 |
|  |
| 1. **Have you experienced any of these things? Please tick those that apply.**
 |
|   Do you forget where you were heading?  Do you find it difficult to complete familiar tasks?  Do you misplace things?  Do you have problems following conversations?  Have you forgotten to pay a bill?  Have you noticed a change in behaviour?  Do you struggle judging distance i.e. while driving?  Have you begun withdrawing from social activities that you enjoy?  |

I answered all questions to the best of my knowledge and belief:

Signature    ………………………….……………………..……………………………

Date: ……... -………... -……..…..