



Doctor's Appointment PREP PACK

Includes:

- Aches & Pains Tracker
- Medications Review
- Alzheimer's Signs Tracker
- Independence Tracker
- Appointment Summary

 In a 2018 survey of U.S. physicians, the majority spent 17-24 minutes with each patient. The rest spent **less time**.



ACHES & PAINS TRACKER

Is your loved one experiencing pain while fighting Alzheimer's?

DATE & TIME	WHERE DOES IT HURT?	HOW BAD? (ON A SCALE OF 1-10)	WHAT ACTION WAS TAKEN?



ALZHEIMER'S SIGNS TRACKER

Is your loved one showing outward signs of fighting Alzheimer's?

AREA	BEHAVIORS	NO	SOME	YES
Memory	Forgetting recently learned information, dates or events; asking the same question over and over; relying on memory aids or family members to remember.			
Planning	Trouble planning or work with numbers (e.g.: following recipes or keeping track of monthly bills); trouble concentrating; requiring more time to complete tasks.			
Routines	Trouble with daily tasks (e.g.: driving to a well-known place, managing a budget at work or remembering the rules of a favorite game.			
Orientation	Forgetting dates, seasons or the passage of time; trouble understanding things that aren't happening right now; forgetting where they are or how they got there.			
Perception	Visual changes like difficulty reading, judging distance and recognizing color or contrast. (e.g.: especially when driving)			
Language	Trouble with conversations (e.g. following, joining, or getting lost); repeating; trouble finding the right word; word substitutions; misspeaking.			
Organization	Misplacing things; inability to retrace steps to find them; accusing others of stealing.			
Judgment	Uncharacteristic poor judgment or decision making (e.g. giving large amounts of money to telemarketers; forgetting to bathe or groom oneself.)			
Social	Voluntarily removing themselves from favorite social events or hobbies; increased social isolation.			
Demeanor	Uncharacteristic mood swings, intolerance and personality changes. (e.g.: confusion, suspicion, depression, fear, anxiety) Decreased comfort zone.			



INDEPENDENCE TRACKER

Does your loved one need help with activities of daily living while fighting Alzheimer's?

ACTIVITIES	NO HELP	SOME HELP	HELP REQUIRED	ACTIVITY	NO HELP	SOME HELP	HELP REQUIRED
Personal Hygiene & Grooming				Managing Money			
Bathing & Showering				Moving Within Community			
Dressing				Meal Preparation			
Using The Toilet				Grocery & Necessities Shopping			
Mobility				Taking Prescription Medications			
Self-Feeding				Using Phones & Communication Devices			



_____ MONTH



APPOINTMENT SUMMARY

Keep track of why you went in, who you saw and what happened.

DOCTOR:	APPT DAY: <input type="checkbox"/> MO <input type="checkbox"/> TU <input type="checkbox"/> WE <input type="checkbox"/> TH <input type="checkbox"/> FR	DATE:	TIME:
REASONS FOR VISIT <input type="checkbox"/> SCHEDULED <input type="checkbox"/> EMERGENCY		DOCTOR'S RECOMMENDATIONS	
1.			
2.			
3.			
4.			
5.			
FOLLOW UP			
OFC WILL <input type="checkbox"/> CALL <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX REGARDING THIS:		I WILL <input type="checkbox"/> CALL <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX REGARDING THIS:	
SEEN BY: <input type="checkbox"/> OTHER _____	NEXT APPT: <input type="checkbox"/> MO <input type="checkbox"/> TU <input type="checkbox"/> WE <input type="checkbox"/> TH <input type="checkbox"/> FR	DATE:	TIME: