Alzheimer's checklist for medical appointments

Date_____

Items to discuss

Medication:

- ❑ Side effects
- ❑ Acceptance (any problems getting the person to take medication)
- ❑ Whether it is working
- ❑ Other_____

Nutrition:

- ❑ Weight loss or gain
- ❑ Eating habits
- ❑ Other_____

Hearing:

- ❑ Hearing loss
- ❑ Hearing aid
- ❑ Background noise
- ❑ Other_____

Vision:

- ❑ Glasses
- ❑ Cataracts
- ❑ Proper lighting
- ❑ Safety at night
- ❑ Other_____

Sleep:

- ❑ Night waking
- ❑ Daytime sleepiness
- ❑ Other_____

Safety:

- ❑ Wandering
- ❑ Fall risks
- ❑ Household hazards
- ❑ Other_____

Challenging behavior:

- ❑ Agitation
- ❑ Aggression
- ❑ Withdrawal
- ❑ Other_____

Planning:

- ❑ Durable power of attorney and living will
- ❑ Respite care
- ❑ Long term care
- ❑ Other_____

Notes: