



Evaluate Cognition Office Visit

Three Parts to the Visit

1. Screen for reversible causes and contributing factors. (Use .cognitive Quick Checklist)
2. Get family input (strongly encourage observer to come to the visit.)
3. Assess cognitive function with a MoCA.

Cognitive Checklist (.cognitive dotphrase in Epic, also in the SmartSet "Cognition")

1. Labs: B12 and TSH
2. Screen for EtOH + depression (even mild-to-mod drinking can impair cognition > age 70)
3. Assess for meds that can worsen cognition (benzos, Ambien, oxybutynin, Benadryl)
4. Don't forget: sleep apnea + hearing loss (if undertreated, can make cognition worse)

Family Observer Input

1. Focus on three questions:
 - repeat same question 30 minutes later?
 - trouble doing complex task that used to be easy?
 - becoming disoriented in a familiar place?
2. These three questions are at the bottom of the .cognitive Epic Checklist.
3. Or use the fully validated 8-item-form (the AD8) available in the "Cognitive" SmartSet

Montreal Cognitive Assessment (MoCA)

1. Low score, with family input, diagnoses mild cognitive impairment (MCI) or dementia.
2. Not accurate (delirium) within 2-3 months of an acute illness. But delirium = red flag.

Make sure to set up when next visit will be

1. If evaluation is OK: counsel brain health (minimize alcohol, wear hearing aids)
2. If diagnose MCI or dementia say, "This is a lot to take in and work through. Let's schedule another visit in 2-3 weeks to review what this means and make a plan."
3. Cog Eval visit, and follow-up counseling visit, are better with family present and in a longer appt slot (spend >40 min, including documentation time, bill both as Level 5)