Appendix 1

Dementia Register Form for persons on anti-dementia medication D1	Registration no: (for office use only)

Part 1: To be completed always

Name:		**ID No:**	
Surname:		**DOB:**	
Address:		**Sex:**	M ☐ F ☐
Locality:		**Post code:**	

Part 2: To be completed when applying for dementia drugs for the first time:

Educational Level completed:	primary ☐ secondary ☐ post-secondary ☐ non-tertiary ☐ tertiary ☐	**Social Status:**	S M W Sep Div
Resident at:	Own Home ☐	Nursing Home ☐ Specify:	Other ☐ Specify:
Living status:	Alone ☐	With Spouse ☐ Other ☐	With Children ☐
Main Carer (Name):		**Main Carer (Relation):**	
Main Carer (Tel No):		**Own telephone no:**	
Referred by (GP):		**Date of referral :**	
Reason for referral:		**Date of 1st attendance to specialist clinic:**	
Diagnosis Status:		**Date of Diagnosis:**	
MMSE score:		**Barthel Score:**	
Dementia Sub-Type:	Alzheimer's Disease ☐ Vascular Dementia ☐ Mixed Dementia ☐ Fronto-temporal Dementia ☐ Alcohol Related Dementia ☐ Lewy-Body Disease ☐ Other ☐ Specify:		
Clinic:	RHKG ☐ MDH ☐ MCH ☐ Community ☐ Other ☐ Specify:		
Radiology:	CT	**Date:**	
	MRI	**Date:**	
	SPECT	**Date:**	
Behavioural and Psychological Sypt:	Wandering ☐ Aggression ☐ Agitation ☐ Depression ☐ Shouting ☐		
Dementia Treatment:		**Side-effects of Dementia treatment:**	
Psychiatric Treatment:		**Side-effects of psychiatric medication:**	

Part 3: To be completed during all subsequent visits:

Date of visit:			
MMSE score:		**Barthel score:**	
Dementia Treatment:		**Side-effects of dementia treatment:**	
Psychiatric Treatment:		**Side-effects of Psychiatric treatment:**	
Current housing Location:	Own Home ☐	Nursing Home ☐ Specify:	Other ☐ Specify:

Part 4: To be completed always:

Consultant:		**Signature:**	
Reg No:			

Data protection statement: The Department of Health treats personal sensitive information in a confidential manner, and undertakes to comply with the Data Protection Act 2001. Details on this certificate will only be disclosed to Entities within this Division and any other authority/body as permitted by law.