

Patient's
Forename(s):

Patient's
Surname

Address:

NHS Number

Date of
Birth:

Or affix ID label

DEMENTIA (COGNITIVE) SCREENING

Pharmacist assessing

GPhC no

Name of Pharmacy

Address

1. Is there a known diagnosis of Dementia?

YES ☐ No further screening, consider MUR,
check compliance/knowledge.

NO ☐ Go to Part 2

2. Complete the Screening Question (with the patient or carer)

"Have you been more forgetful in the last 12 months to the extent it has significantly affected your life?"

Completed by Initials

Date: / / 20

Time: :

YES ☐ Go to Part 3

NO ☐ No Further Action Required
Input results into PharmOutcomes

3. Complete the AMT: If not able to complete, indicate reason why:

Abbreviated Mental Test (AMT) Questions: (inc AMT 4)	Score 1 if correct
Age	
Birthday or DOB - need day and month (not the year)	
Place (name hospital)	
Year	
*** <i>(If 4/4 so far, no need to continue with remaining questions)</i>	N/A (score so far: 4/4)
Repeat "42 West Street"	N/A
Time – to nearest hour	
Recognise 2 people	
Year of 1 st /2 nd World War	
Current monarch (Queen)	
Count backwards from 20-1 (no errors but can correct self)	
Recall 42 West Street	
A score of ≤7 - consider dementia	/ 10

Score of ≥8: No further action

Score of ≤7 or if inconclusive: Possible Dementia

Request GP referral to memory services or consider referral to COOP physician

4. Record Results on PharmOutcomes, complete GP Interface form if referral

