

**Health Care Provider Reporting Form****Diagnosing or Treating Physician**

West Virginia Medical License Number:	First Name:	Middle Initial:	Last Name:	
<b>Physician's Preferred Contact Address</b>				
Street:		City:	State:	Zip:
Telephone:	Fax:	Email:		
Medical Specialty: <input type="checkbox"/> Neurology <input type="checkbox"/> Psychiatry <input type="checkbox"/> Geriatrics <input type="checkbox"/> Family/General Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Other				
Reporter's Name (if different from above): _____ (First Name, Last Name)				
Reporter's Profession: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> LNP <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> Administrator <input type="checkbox"/> Other (specify):				

**Patient Information & Medical History of Alzheimer's Disease or Related Disorder (ADRD)**

<b>Patient's Name</b>		<b>Today's Date:</b>	
First Name:	Middle Initial:	Last Name:	Maiden Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Last Four Digits of Social Security Number: XXX - XX - _____		
<b>Place of Birth:</b> City: _____ State: _____ Country: _____ <b>Date of Birth</b> (Month/Day/Year):			
<b>Education Level:</b> <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate Degree _____			
<b>Patient's Current Address</b>			
Street:		City:	State: Zip:
With whom does the patient live? <input type="checkbox"/> Alone <input type="checkbox"/> Assisted living <input type="checkbox"/> Nursing home <input type="checkbox"/> State Facility <input type="checkbox"/> Veterans Administration facility <input type="checkbox"/> Private residence with caregiver <input type="checkbox"/> Other			
Is the caregiver: <input type="checkbox"/> Spouse <input type="checkbox"/> Other family member <input type="checkbox"/> Paid assistant <input type="checkbox"/> Adult day care center <input type="checkbox"/> Other			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other			
<b>Ethnicity:</b> <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic		<b>Is the patient or caregiver interested in receiving further disease-related information?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Age at ADRD onset?</b> <input type="checkbox"/> Unknown		<b>Age at ADRD diagnosis?</b> <input type="checkbox"/> Unknown	
<b>If possible, classify patient's dementia (check all that apply):</b> <input type="checkbox"/> Alzheimer's disease <input type="checkbox"/> Senile dementia <input type="checkbox"/> Presenile dementia <input type="checkbox"/> Multi-infarct dementia <input type="checkbox"/> Vascular Dementia <input type="checkbox"/> Mixed dementia <input type="checkbox"/> Unknown <input type="checkbox"/> Drug induced or alcoholic dementia <input type="checkbox"/> Medical diagnosis with dementia <input type="checkbox"/> Creutzfeldt-Jakob disease <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Huntington's disease <input type="checkbox"/> Dementia with Lewy Bodies <input type="checkbox"/> Frontotemporal Dementia			
<b>Stage of ADRD at Diagnosis:</b>		<input type="checkbox"/> Early (Mild) <input type="checkbox"/> Middle (Moderate) <input type="checkbox"/> Late (Severe)	
<b>Current stage of ADRD:</b>		<input type="checkbox"/> Early (Mild) <input type="checkbox"/> Middle (Moderate) <input type="checkbox"/> Late (Severe)	
<b>ADRD-related exams (check all that apply):</b> <input type="checkbox"/> EEG <input type="checkbox"/> Mini Mental <input type="checkbox"/> MRI <input type="checkbox"/> Others (specify):			
<b>Is the patient receiving prescription medication(s) for ADRD?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (specify):			
<b>Other health conditions (check all that apply)?</b> <input type="checkbox"/> Obesity <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Elevated cholesterol <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Cerebrovascular disease <input type="checkbox"/> Neurological disease <input type="checkbox"/> Other (specify):			
<b>Does the patient have any other psychiatric illness?</b> <input type="checkbox"/> Yes (specify): <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>Does the patient have blood relatives that have or had ADRD?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>Has the patient been exposed to the following?</b> Head trauma: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, Age? _____ Tobacco: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Drug abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Alcohol abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>Prolonged exposure to contaminants and/or toxins?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>If yes, please describe:</b>			

**Instructions:**

Please provide all available information. If you are unsure please check "unknown". If an answer is different from the available choices please check "Other".

Please determine whether the patient or care giver is interested in receiving further disease-related information. Information may consist of: updates about treatment of people with Alzheimer's disease and related disorders; updates about care for people with Alzheimer's disease and related disorders; summary of non-identifying data obtained by the West Virginia Alzheimer's Disease Registry; information about opportunities to participate in research including clinical trials.

**Definitions:**

**ADRD Staging:** Early (Mild): Decreased knowledge of recent occasions or current events; impaired ability to perform challenging mental arithmetic- to count backward from 75 by 7s; decreased capacity for complex tasks (e.g., paying bills and managing finances); reduced memory of personal history; may be subdued and withdrawn, especially in socially or mentally challenging situations; unable to recall such important details as their current address, telephone number or the name of high school from which they graduated.

Middle (moderate): Lose awareness of recent experiences, events and surroundings; recollect personal history imperfectly, generally recall their own name; occasionally forget name of spouse or primary caregiver but distinguish familiar from unfamiliar faces; need help getting dressed; experience disruption of normal sleep/waking cycle; need help with toileting; increasing urinary or fecal incontinence; experience personality changes and behavioral symptoms, suspiciousness and delusions, hallucinations, or compulsive, repetitive behaviors such as hand-wringing; may wander and become lost.

Late (severe): Lose capacity for recognizable speech, although words or phrases may occasionally be uttered; need help with eating and toileting; general incontinence of urine; lose ability to walk without assistance, inability to sit without support, inability to smile, and hold head up; reflexes become abnormal and muscles grow rigid; swallowing is impaired.

**Classification of Disorders by ICD-9-CM codes****Alzheimer's disease**

290.0	Senile dementia.
290.1-290.13	Presenile dementia.
290.2-290.21	Senile dementia with delusional/depressive features.
290.3	Senile dementia with delirium.
331.0	Alzheimer's disease.

**Multi-infarct dementia**

290.4-290.43	Arteriosclerotic dementia.
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**Alcoholic dementia**

291.2	Other alcoholic dementia.
292.82	Drug-induced dementia.

**Medical diagnoses with dementia**

294.0-294.9	Other organic conditions (chronic). Includes: amnestic syndrome, dementia in conditions classified elsewhere, other specified organic brain syndromes.
310.0-310.9	Specific nonpsychotic mental disorders due to organic brain damage. Includes: frontal lobe syndrome, organic personality syndrome, post concussion syndrome, other specified nonpsychotic mental disorder following organic brain damage, unspecified nonpsychotic mental disorder following organic brain damage.
331.1-331.9	Other cerebral degenerations. Includes: Pick's disease, senile degeneration of the brain, communicating hydrocephalus, obstructive hydrocephalus, and cerebral degenerations in diseases classified elsewhere, other cerebral degenerations.
332.0-332.1	Parkinson's disease.
333.4	Huntington's disease.
797	Senility without mention of psychosis.

**Classification of Disorders by ICD-10-CM codes****A81****Creutzfeldt-Jakob disease****F01**

F01.0	Vascular dementia of acute onset
F01.1	Multi-infarct dementia
F01.2	Subcortical vascular dementia
F01.3	Mixed cortical and subcortical vascular dementia
F01.8	Other vascular dementia
F01.9	Vascular dementia, unspecified

**G10****Huntington's disease****G20****Parkinson's disease****G30**

G30.0	Alzheimer's disease with early onset (onset usually before the age of 65)
G30.1	Alzheimer's disease with late onset (onset usually after the age of 65)
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified

**G31****Other degenerative diseases of the nervous system, not elsewhere classified**

G31.0	Circumscribed brain atrophy
G31.1	Pick's disease
G31.2	Senile degeneration of brain, not elsewhere classified
G31.8	Degeneration of nervous system due to alcohol
G31.9	Wernicke-Korsakoff syndrome
	Other specified degenerative disease of nervous system
	Grey-matter degeneration
	Lewy body disease
	Degenerative disease of nervous system, unspecified