

## Letter to the Patient/Resident for Full Cognitive Assessment

Date: \_\_\_\_\_

Dear Patient/Resident,

In (insert month), (insert Medical Clinic/Retirement/LTC home name) launched a *Memory Care Program* as part of its commitment to give the highest level of care and service to its Patients/Residents. As part of this program you were provided with the opportunity to consent to a screening assessment with one of our Nursing staff.

During this program, Patients/Residents like yourself were given a 5-10 minute memory test (3 word recall, animal naming and clock drawing). From the results of this test, the staff at (insert Medical Clinic/Retirement/LTC home name) will be scheduling another meeting to ensure that you are offered the best in memory care. As with many health conditions, the earlier something can be detected, the better it will be for the individual.

This appointment should take no longer than 45 minutes to complete. Of course a family member or caregiver is welcome to attend this session with you if you would like.

Your tentative appointment is scheduled for:

\_\_\_\_\_ (date & time) at \_\_\_\_\_ (location)

We will call you the day before your appointment as a friendly reminder.

Warm Regards,

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**William B. Dalziel, MD, FRCPC, Professor of Geriatric Medicine, University of Ottawa;  
Regional Geriatric Program of Eastern Ontario**