

## CONCERN ABOUT THE BEHAVIOR OF A RESIDENT WITH DEMENTIA

Please use this form to report your concern about the behavior of one of your residents who is also our patient.  
If the resident or others are in imminent danger, call 911.

Resident's name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### BEHAVIORS

List the specific behaviors you are concerned about: \_\_\_\_\_

How long has this been going on? \_\_\_ days / weeks / months How frequent is it? \_\_\_\_\_

Does anything seem to make the behaviors better or worse, including time of day? \_\_\_\_\_

What interventions have been tried, including PRN medications? \_\_\_\_\_

What has been the effect of these interventions? \_\_\_\_\_

### MEDICAL ISSUES

List any medication changes in the last month (new, discontinued, increased, decreased): \_\_\_\_\_

List any new medical symptoms (for example, cough, falls, pain, frequent urination): \_\_\_\_\_

List any recent lab tests (for example, urinalysis): including dates and results: \_\_\_\_\_

### COORDINATION OF CARE

Does the patient have an activated Health Care Power of Attorney or guardian? \_\_\_ yes \_\_\_ no

If "yes," have you discussed your concerns with her/him? \_\_\_ yes \_\_\_ no

→ If "no," please do so now

Have you contacted any other physicians about this behavior? \_\_\_ yes \_\_\_ no

If "yes," list who, when and the response: \_\_\_\_\_

**Please fax this form to \_\_\_\_\_. We will respond within one business day.  
If you use a behavior monitoring checklist or flowsheet, please fax that, too.**