

Neurocognitive disorders

What I Want My Care Team to Know

Adults with optional chosen support | 10 to 15 minutes

If memory or thinking changes concern you, a healthcare professional can help explore what is happening. Choose one everyday example and what you want to keep doing. You may ask a person you trust to help write, while keeping your own views at the center. This page is not a memory test.

Use a short example and your preferred communication format. Bring the page to an appropriate healthcare discussion if you choose.

Describe what changed

Name what is different, when you first noticed it, and how it affects an activity. Include sleep, stress, health changes, or other information you want the clinician to consider. Do not test yourself repeatedly or assume one cause.

Keep your priorities visible

Identify an activity or choice that matters to you. Ask about assessment, useful supports, and next steps. A chosen supporter can add observations with your agreement, but their view should be distinguished from your own.

1. What memory or thinking change would I like to discuss?**2. What daily activity or choice matters most to me?****3. What support helps, and whose involvement do I want?****4. What question and follow-up do I want from the care team?****Clinical use and adaptation**

New or progressive concerns warrant appropriate medical assessment. Sudden confusion or an abrupt unexplained mental-status change requires urgent medical attention. Do not infer diagnosis or decision-making capacity from worksheet performance. Adapt for language, vision, hearing, literacy, and fatigue while preserving dignity, consent, and supported participation.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: R10, R27, R11. Full sources are in the online preview and collection appendix.

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