

PLEASE PRINT IN BLACK PEN

Patient's Full Name:	Date of Birth:	NHS Number:
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**General Practitioner Assessment of Cognition  
(GPCOG)  
Step 1: Patient Assessment**

Unless specified, each question should only be asked once

Name and Address for subsequent recall test		
1. "I am going to give you a name and address. After I have said it, I want you to repeat it. Remember this name and address because I am going to ask you to tell it to me again in a few minutes: John Brown, 42 West Street, Kensington". (Allow a maximum of 4 attempts).		
(Please tick appropriate box ✓)	<b>Correct</b> ✓	<b>Incorrect</b> ✗
Time Orientation		
2. What is the date? (exact only)		
Clock Drawings – Use blank page		
3. Please mark in all the numbers to indicate the hours of a clock (correct spacing required)		
4. Please mark in hands to show 10 minutes past eleven o'clock (11:10)		
Information		
5. Can you tell me something that happened in the news recently? (Recently = in the last week. If a general answer is given, e.g. "war", "lots of rain", ask for details. Only specific answers scores).		
Recall		
6. What was the name and address I asked you to remember?		
John		
Brown		
42		
West Street		
Kensington		
(To get a total score, add the numbers of items answered correctly <b>Total Correct</b> (Score out of 9)	<b>/ 9</b>	
<b>If patient scores 9, no significant cognitive impairment and further testing not necessary.</b>		
<b>If patient scores 5 – 8, more information required. Proceed with Step 2, carer section</b>		
<b>If patient scores 0 - 4, cognitive impairment is indicated. Refer to General Practitioner</b>		
Date referral made:-		
Name of Doctor and Practice:-		
Follow up date by referrer to monitor outcome of referral:-		

Assessor Name Signature	Date Time	Designation
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**Step 2:**

<b>CARER INTERVIEW</b>				
<b>Carers Name</b>				
<b>Carers relationship to patient i.e. carer is the patient's:</b>				
These 6 questions ask how the patient is compared to when s/he was well, say 5 -10 years ago Compared to a few years ago:				
(Please tick appropriate box ✓)	Yes	No	Don't Know	N/A
Does the patient have more trouble remembering things that have happened recently than s/he used to?				
Does he or she have more trouble recalling conversations a few days later?				
When speaking, does the patient have more difficulty in finding the right words or tend to use the wrong words more often?				
Is the patient less able to manage money and financial affairs? (e.g. paying bills, budgeting)				
Is the patient less able to manage his or her medication independently?				
Does the patient need more assistance with transport? (either private or public) If the patient has difficulties due only to physical problems e.g. bad leg, tick 'no'				
Scores				
To get a total score, only add the number of items answered 'no', don't know or Not Applicable				
<b>Total Score (out of 6)</b>	<b>/ 6</b>			
<b>If patient scores 0 – 3, cognitive impairment is indicated. Refer to General Practitioner</b>				
Date referral made:-				
Name of Doctor and Practice:-				
Follow up date by referrer to monitor outcome of referral:-				

Assessor Name Signature	Date Time	Designation
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