

ALZHEIMER'S DISEASE CMS Diagnostic Checklist

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Patient Name _____ **Date of Birth** _____

Interval: Baseline 6 Months 12 Months 18 Months Other _____

Clinical Diagnosis _____ **Date** _____

Mild cognitive impairment stage of Alzheimer's disease Mild dementia stage of Alzheimer's disease

One of the below test to confirm amyloid pathology

Amyloid PET Scan: Negative Positive Not Performed Date _____

CSF Test: Negative Positive Not Performed Date _____

Other Amyloid Test: Name / Type of Test: _____ Negative Positive Not Performed
Date _____

Monitoring for Amyloid related imaging abnormalities (ARIA)

Recent Brain MRI _____ **Date Performed** _____

ARIA Type and Radiographic Severity

ARIA-E Mild Moderate Severe Negative

ARIA-H microhemorrhage Mild Moderate Severe Negative

ARIA-H superficial siderosis Mild Moderate Severe Negative

At least ONE of the cognitive test below is required

MoCA Score _____

AB8 Score _____

MMSE Score _____

Date Performed _____

Mini-Cog Score _____

SLUMS Score _____

Other Score _____

At least ONE of the functional test below is required

FAQ Score _____

FAST Score _____

Date Performed _____

CDR-SB Score _____

Other Score _____

Was a CDR performed? Yes No

Is the patient on anticoagulation? Yes No

Is the patient on antiplatelets? Yes No

ApoE Results: _____

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