

ALZHEIMER'S DISEASE CMS Diagnostic Checklist

☐ Leqembi ☐ Kisunla

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

Date Performed _____

☐ MoCA Score _____

☐ Mini-Cog Score _____

☐ AB8 Score _____

☐ SLUMS Score _____

☐ MMSE Score _____

☐ Other Score _____

At least ONE of the functional test below is required

Date Performed _____

☐ FAQ Score _____

☐ CDR-SB Score _____

☐ FAST 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: _____