



**18300 Katy Freeway, Suite 405
Houston, TX 77094**

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____
MM/DD/YEAR

Thinking Ability Changes

	Yes	No
I have noticed a recent decline in my memory.	()	()
Others (my friends or family) tell me that I'm forgetting things they tell me.	()	()
My ability to concentrate seems to have declined recently.	()	()
I have suffered recent losses that might hurt some of my thinking ability.	()	()
I get confused or easily distracted more than I used to.	()	()

Signature _____

Date _____