



GUIDE INTAKE FORM

Proud to have been selected by the Centers for Medicare & Medicaid Services (CMS) to participate in a new nationwide Medicare model designed to support people living with dementia and their caregivers.

- Yes, Patient is covered under Original Medicare as primary insurance
- Yes, Patient is not currently on hospice
- Yes, Patient is not currently in a nursing home level of care (level 4 and above)
- Yes, Patient has a diagnosis of or suspicion of dementia

If ALL of the above statements are checked, please complete the form below and return:

- mail to **1504 Santa Rosa Rd RM 114 Henrico VA 23229**
- secure email to harmonyguide@athomeharmony.com
- fax to **804-917-6111**

Patient Name:		DOB:	
Address:			
Caregiver and/or POA Name:			
Phone #:		Email address:	
Person completing the form, if different from above			
Phone #:		Email address:	
Language preferences or communication needs:			
Has the Patient been diagnosed with dementia?		Yes	No
Alzheimer's	FTD	Lewy Body	Vascular
		Other/Unknown	When?
Provider who diagnosed:			
Name of Practice or Hospital:			
Patient able to make own medical decisions?	Yes	No	Explain:
Does leaving home require considerable and taxing effort?	Yes	No	Explain:
Does patient use a wheelchair or walker for mobility?	Yes	No	
Functional Status: Please check any/all boxes below that apply.			
<input type="checkbox"/> Difficulty with complex tasks like paying bills or preparing meals.	<input type="checkbox"/> Requires assistance in activities such as choosing proper clothing.		
<input type="checkbox"/> Needs help getting dressed.	<input type="checkbox"/> Requires assistance with bathing.		
<input type="checkbox"/> Needs support with toileting mechanics (flushing, wiping).			
<input type="checkbox"/> Unable to speak more than 5 words.	<input type="checkbox"/> Is completely bed bound.		



804-583-1022



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Medical History: Does patient have any of the below conditions?

- | | |
|---|--|
| <input type="checkbox"/> Hypertension (high blood pressure) | <input type="checkbox"/> Diabetes (type 1 or type 2) |
| <input type="checkbox"/> Heart disease (coronary artery disease, heart failure) | <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) |
| <input type="checkbox"/> C Stroke or transient ischemic attack (TIA) | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Cancer (please specify type):
_____ | <input type="checkbox"/> Neurological conditions (e.g., epilepsy, Parkinson's disease) |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Thyroid disorders | <input type="checkbox"/> Osteoarthritis or rheumatoid arthritis |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Other (please specify):
_____ |

Has Patient been prescribed medications to treat any of the above? Yes No

Mental Health History: Does patient have any of the below conditions?

- | | |
|--|--|
| <input type="checkbox"/> Anxiety disorders (e.g., generalized anxiety, panic disorder) | <input type="checkbox"/> Substance use disorders (alcohol, drugs, opioids) |
| <input type="checkbox"/> Depression or major depressive disorder | <input type="checkbox"/> Bipolar disorder |
| <input type="checkbox"/> Schizophrenia or other psychotic disorders | <input type="checkbox"/> Post-traumatic stress disorder (PTSD) |
| <input type="checkbox"/> Personality disorders (e.g., borderline personality disorder) | <input type="checkbox"/> Other (please specify):
_____ |

Has Patient been prescribed medications to treat any of the above? Yes No

AD8 Dementia Screening

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A Change	NO, No Change	N/A, Don't know
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)			
2. Less interest in hobbies/activities			
3. Repeats the same things over and over (questions, stories, or statements)			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., computer, microwave, remote control)			
5. Forgets correct month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
7. Trouble remembering appointments			
8. Daily problems with thinking and/or memory			
For At Home Harmony use only: Total AD8 score			



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