

SUPPLEMENTARY INFORMATION

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to:

K Lam, Windy SY Chan, James KH Luk, Angela YM Leung. Assessment and diagnosis of dementia: a review for primary healthcare professionals.

Hong Kong Med J 2019;25:Epub 4 Dec 2019. http://doi.org/10.12809/hkmj198073

Appendix. An example of referral to specialist care for dementia care (page 1)

APPENDIX. An example of referral to specialist care for dementia care

Dear Consultant,		
for (duration), wh	rich is insidious / sudden ir	anagement. The patient was found to have cognitive decline nonset with gradual / stepwise progress, presenting with which do / do not interfere with independence in everyday
		v activities, examples are
The disturbances are / are not another mental disorder such a		he course of delirium, and are / are not better accounted for by
Risk factors for dementia (plea	se tick if the patient has the fo	ollowing risk factors):
□ stroke	☐ obstructive sleep apnoea	
☐ family history of dementia	☐ alcohol use	
Clinical features of dementia s	ubtypes (please tick if the pati	ient has the following features):
☐ Parkinsonism	☐ gaze palsy	☐ gait problems
☐ urinary incontinence	☐ visual hallucination	☐ rapid eye movement sleep disorder
☐ fluctuation of cognition	☐ disinhibition	☐ hyperorality
☐ compulsive behaviours	☐ apathy or loss of empath	ny
Results of cognitive tests (if an	у):	
Results of neuroimaging (if any):	
Results of laboratory tests (If a	ny):	
Thank you.		
Yours truly,		