



# PATIENT ASSESSMENT FORMS

## Deep Brain Stimulation Pilot Study For Early Alzheimer's Disease Patients

Please answer the following questions:

<b>Patient's Name:</b>	
<b>Age:</b>	
<b>Sex:</b>	
<b>Address:</b>	
<b>Education level: (please circle one)</b>	<b>Primary      High school      College      University</b>
<b>Past employment (if applicable):</b>	
<b>Current Medical Diagnosis:</b>	
<b>Other Medical Conditions:</b>	
<b>Current Medications:</b>	
<b>Past Surgeries</b>	



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Disease Patients**

**Current Functional status (fully independent, or needs some assistance for activities of daily living or requires extensive assistance for daily activities):**


<b>Able to travel to Toronto and to return for visits?</b>	
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**Please fax the completed form to 416-603-5298.**

**Please note, only those patients who are meet the trial entry criteria will be contacted.**