



PATIENT ASSESSMENT FORM

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

Please answer the following questions:

Patient's Name	
Age	
Sex	
Address	
Phone	
Email Adress	
Education level (please circle one)	Primary High school College University
Past employment (if applicable)	
Current Medical Diagnosis	
Other Medical Conditions	
Current Medications	



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Past Surgeries	
Current Functional status (fully independent, or needs some assistance for activities of daily living or requires extensive assistance for daily activities)	
Able to travel to Toronto and to return for visits?	
Please fax the completed form to 416-603-5298. Please note, only those patients who meet the trial entry criteria will be contacted.	